

2004 FOR PROFIT CORPORATION ANNUAL REPORT


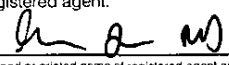
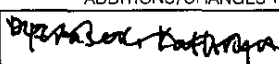
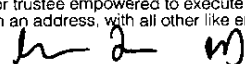
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Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90031 007 ***150.00

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04192004 Chg-P CR2E034 (10/03)

DOCUMENT # P97000075308			
1. Entity Name KATHRYN P. FRASER, PH.D., P.A.			
Principal Place of Business 184 WESTWOOD DR DAYTONA BEACH, FL 32119 US		Mailing Address 184 WESTWOOD DR DAYTONA BEACH, FL 32119 US	
2. Principal Place of Business 8 Kaslo Ct Suite, Apt. #, etc.		3. Mailing Address PO Box 10258 Suite, Apt. #, etc.	
City & State Palm Coast, FL Zip 32164 Country USA		City & State Daytona Beach, FL Zip 32120 Country USA	
4. FEI Number 59-3454273		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRASER, KATHRYN P PH.D. 184 WESTWOOD DRIVE DAYTONA BEACH, FL 32119		7. Name and Address of New Registered Agent Name Fraser, Kathryn P Ph.D. Street Address (P.O. Box Number is Not Acceptable) 8 Kaslo Ct City Palm Coast FL Zip Code 32164	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4/19/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRASER, KATHRYN P PH.D. 184 WESTWOOD DRIVE DAYTONA BEACH, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/19/04 386-586-6654 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			