## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 06, 2004 08:00 AM **Secretary of State** DOCUMENT # P97000080547 1. Entity Name. JEFF VAUGHAN, CPA, P.A. Principal Place of Business Mailing Address 361 S CENTRAL AVE POST OFFICE BOX 620386 OVIEDO, FL 32765 US OVIEDO, FL 32762 03052004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3420339 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VAUGHAN, JEFFRY S DO NOT WRITE 361 SOUTH CENTRAL AVENUE OVIEDO, FL 32762 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE VAUGHAN, JEFF NAME U000000080206 STREET ADDRESS P O BOX 620386/361 S CENTRAL AVENUE 03/08/04-80099-011 150.00 CITY-ST-ZIP OVIEDO, FL 32762 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 3133 F NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**