## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P97000100898**

1. Entity Name

JAMÉS F. BARRA, P.A.



Principal Place of Business

8845 LADRIDO LANE ORLANDO, FL 32836 Mailing Address

717 E OAK ST

KISSIMMEE, FL 34744

## FILED Apr 23, 2004 8:00 am Secretary of State

04-23-2004 90255 043 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

04032004 No Chg-P CR2E034 (10/03)

<ol> <li>FEI Number</li> </ol>		Applied For
59-3480583		Not Applicable
5. Certificate of Status Desired	\$8.75 Fee Re	Additional quired

... 6. Name and Address of Current Registered Agent

SWART, HARRY J CPA 717 EAST OAK STREET KISSIMMEE, FL 34744

## DO NOT WRITE 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: Registere	d Agent signature	required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 9. Election		Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS		<del></del>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT BARRA, JAMES F 8845 LADRIDO LANE ORLANDO, FL 32836						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE			i .				
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby o	certify that the information supplied with this fi	ling does not qualify for the exe	mption state	d in Section 119.07(3)(	i), Florida Statutes. I further certify that the information		

Thereby certify that the illiformation supplies with this imig does not quality for deexemble state of 1950 (Syn), 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 orath; 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 attactment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04

467-876-3018

Daytime Phone #