

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90027 028 ***150.00

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|--|--|--|--|------------------------------------|--|
| DOCUMENT # P98000012281 | | | | | |
| 1. Entity Name JAIME L. WALLACE, P.A. | | | | | |
| Principal Place of Business 1800 SECOND ST. #880 SARASOTA, FL 34236 | | | Mailing Address 1800 SECOND ST. #880 SARASOTA, FL 34236 | | |
| 2. Principal Place of Business 1800 Second St. | | | Mailing Address 1800 Second St. | | |
| Suite, Apt. #, etc. #882 | | | Suite, Apt. #, etc. #882 | | |
| City & State Sarasota, FL | | | City & State Sarasota, FL | | |
| Zip 34236 | | Country US | | Zip 34236 | |
| Country US | | 4. FEI Number 65-0812499 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent WALLACE, JAIME L 1800 SECOND ST STE 880 SARASOTA, FL 34236 | | | 7. Name and Address of New Registered Agent Name Wallace, Jaime L Street Address (P.O. Box Number is Not Acceptable) 1800 Second St. Ste. 882 City Sarasota FL Zip Code 34236 | | |
| 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 3-22-04 | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | DATE | |
| 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 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALLACE, JAIME L <input type="checkbox"/> Delete 1800 SECOND ST., STE 880 SARASOTA, FL 34236 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Wallace, Jaime L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1800 Second St., Ste. 882 Sarasota, FL 34236 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 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: | | | | Date 3/22/04 (941) 365-0011 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jaime L. Wallace | | | | Daytime Phone # | |