


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000020276					
1. Entity Name DONNA L. BLAIR LCSW, P.A.					
Principal Place of Business 221 DUNE DRIVE SANTA ROSA BEACH FL 32459			Mailing Address PO BOX 1642 SANTA ROSA BEACH FL 32459		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3509929	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BLAIR, DONNA L 221 DUNE DRIVE SANTA ROSA BEACH FL 32459				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAIR, DONNA L		NAME	000000059190	
STREET ADDRESS	221 DUNE DR		STREET ADDRESS	02/20/04-80070-023 150.00	
CITY-ST-ZIP	SANTA ROSA BCH FL 32459		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, ROBIN		NAME		
STREET ADDRESS	14611 CECIL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LITTLE ROCK AK 72223		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OTT, SUSAN		NAME		
STREET ADDRESS	605 RIVER CHASE POINT		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30325		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRICE, AMARYLLIS		NAME		
STREET ADDRESS	12213 MILLS REAM DR		STREET ADDRESS		
CITY-ST-ZIP	BOWIE MD 20715		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DONNELLY, GREGORY		NAME		
STREET ADDRESS	5864 NICHOLSON LANE #512		STREET ADDRESS		
CITY-ST-ZIP	N BETHESDA MD 20852		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 *Donna L. Blair* **DONNA L. BLAIR** Feb 18, 2004 267-9049 (850)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #