## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT# P98000030526 1. Entity Name

JOSEPHER & BATTEESE, P.A.



Principal Place of Business

100 S. ASHLEY DRIVE

SUITE 1190 TAMPA, FL 33602 Mailing Address

100 S. ASHLEY DRIVE SUITE 1190 TAMPA, FL 33602

## FILED Apr 26, 2004 8:00 am Secretary of State

04-26-2004 90548 021 \*\*\*150.00

94040030



04152004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3502197

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPHER, RONALD H 100 S. ASHLEY DRIVE SUITE 1190 TAMPA, FL 33602

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| the obligat                               | named entity submits this statement for the pions of registered agent.  | urpose of changing its registere                       | ed office or registe       | red agent, or both        | n, in the State of Florida. I am familiar w | rith, and accept   |
|---|---|--|----------------------------|---------------------------|---|--------------------|
| SIGNATURE                                 | Signature, typed or printed name of registered agent and title  | f applicable. (NOTE: Registerer                        | d Agent signature required | d when reinstating)       | DATE  |                    |
|   | E NOW!!! FEE IS \$150.00<br>ay 1, 2004 Fee will be \$550.00   | 9. Election Campaign Finar<br>Trust Fund Contribution. |                            | .00 May Be<br>led to Fees |   |                    |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD JOSPEHED RONALD H 1000 S ASHLEY DR STE 1190 TAMPA, FL 33602  |  |                            |                           |   | · ·                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP     | VD<br>BATTESSE, TYLER E<br>100 S ASHLEY DR STE 1190<br>TAMPA, FL 33602  |  |                            |                           |   |                    |
| NAME STREET ADDRESS CITY-ST-ZIP           |   | •  |                            |                           | NOT WRITE                                   |                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP     |   |  |                            | IN T                      | THIS SPACE                                  |                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP     |   |  |                            |                           |   | :<br>:             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP     |   |  |                            | AA                        |   | · .                |
| indicated                                 | Certify that the information supplied with this formation supplied with this formation supplied with this formation or the receiver or trustee empowere | and accurate and that my signa                         | sture shall have the       | same legal effect         | t as if made under oath; that I am an off   | icer or director . |

Konald H. Jusepher

4/21/04