


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90014 027 ***150.00

DOCUMENT # P98000044585


1. Entity Name
STEPHEN T. HOLMAN, P.A.



Principal Place of Business Mailing Address
118 W CERVANTES ST **118 W CERVANTES ST**
PENSACOLA, FL 32501 **PENSACOLA, FL 32501 US**

2. Principal Place of Business 3. Mailing Address
1940 St. Mary Avenue **1940 St. Mary Avenue**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Pensacola, FL **Pensacola, FL**
 Zip Country Zip Country
32501 **U.S.** **32501** **U.S.**



01292004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3511959 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HOLMAN, STEPHEN T
118 W. CERVANTES ST.
PENSACOLA, FL 32501

7. Name and Address of New Registered Agent

Name **Stephen T. Holman**
 Street Address (P.O. Box Number is Not Acceptable) **1940 St. Mary Avenue**
 City **Pensacola** State **FL** Zip Code **32501**

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.

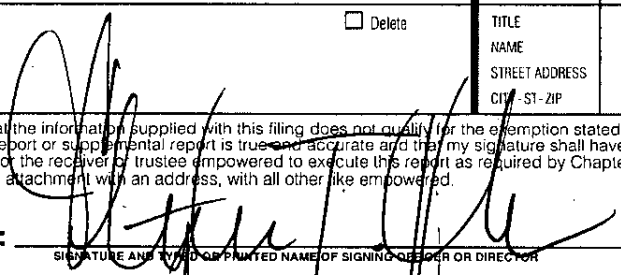
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE Stephen T. Holman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOLMAN, STEPHEN T		NAME Stephen T. Holman	
STREET ADDRESS 118 W CERVANTES STREET		STREET ADDRESS 1940 St. Mary Avenue	
CITY-ST-ZIP PENSACOLA, FL 32501		CITY-ST-ZIP Pensacola, FL 32501	
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	
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	
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	
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)(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: **2/18/04** Daytime Phone #: **(850) 435-6909**