

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000045639

Entity Name: JERRY CLINEBELL, P.A.

FILED  
Apr 29, 2004  
Secretary of State

## Current Principal Place of Business:

407 WEKIVA SPRINGS BLVD., SUITE 241  
LONGWOOD, FL 32779

## New Principal Place of Business:

160 NORTH WESTMONTE DRIVE  
SUITE 1000  
ALTAMONTE SPRINGS, FL 32714

## Current Mailing Address:

P. O. BOX 915954  
LONGWOOD, FL 327915954

## New Mailing Address:

FEI Number: 59-3510752

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLINEBELL, JERRY  
407 WEKIVA SPRINGS BLVD., SUITE 241  
LONGWOOD, FL 32779

## Name and Address of New Registered Agent:

CLINEBELL, JERRY  
160 NORTH WESTMONTE DRIVE  
SUITE 1000  
ALTAMONTE SPRINGS, FL 32714

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.

SIGNATURE: JERRY CLINEBELL

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CLINEBELL, JERRY  
Address: P. O. B OX 915002  
City-St-Zip: LONGWOOD, FL 327915002

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY CLINEBELL

MR.

04/29/2004

Electronic Signature of Signing Officer or Director

Date