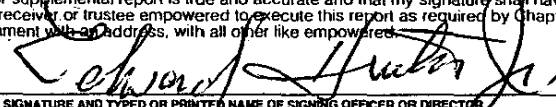


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-25-2004 90061 041 ***150.00

DOCUMENT # P98000046106 1. Entity Name PATRICIA C. HUETER, P.A.					
Principal Place of Business 124 PALMETTO DUNES CIRCLE NAPLES, FL 34113			Mailing Address 124 PALMETTO DUNES CIRCLE NAPLES, FL 34113		
2. Principal Place of Business 2836 Aintree Lane Suite, Apt. #, etc. J-101		3. Mailing Address 2836 Aintree Lane Suite, Apt. #, etc. J-101			
City & State Naples FL		City & State Naples FL		4. FEI Number 59-3516832	
Zip 34112		Country Collier		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUETER, EDWARD JR 124 PALMETTO DUNES CIRCLE NAPLES, FL 34113				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2836 Aintree Lane J-101 City Naples FL Zip Code 34112	
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 NAME STREET ADDRESS CITY-ST-ZIP	PT HUETER, EDWARD JR 124 PALMETTO DUNES CIRCLE NAPLES, FL 34113 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2836 Aintree Lane J-101 Naples FL 34112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HUETER, PATRICIA 124 PALMETTO DUNES CIRCLE NAPLES, FL 34113 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2836 Aintree Lane Naples FL 34112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 2/19/04 Daytime Phone # 239-774-2848		