


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90273 026 ***150.00

DOCUMENT # P98000050998		
1. Entity Name DIANE MATTHEWS, P.A.		

Principal Place of Business 12893 MIZNER WAY WELLINGTON, FL 33414	Mailing Address 12788 W. FOREST HILL BLVD STE 2005 WELLINGTON, FL 33414-4703
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94054440



2. Principal Place of Business	3. Mailing Address 12893 MIZNER WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03242004 Chg-P CR2E034 (10/03)

City & State	City & State WELLINGTON - FL
Zip	Zip 33414
Country	Country

4. FEI Number 65-0842709	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPILLANE, JOHN P 12788 W. FOREST HILL BLVD SUITE 2005 WELLINGTON, FL 33414	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEWS, DIANE 12893 MIZNER WAY WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Diane Matthews* **4/14/04** **8561-795-0998**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

P98000050978



TRIPLE CROWN PROPERTIES

4/14/04

To whom it May Concern:

Please change mailing
address to:

TERRY LILES
11000 PROSPERITY FARMS Rd.
SUITE #100
PALM BEACH GARDENS
FLORIDA 33410

Thank you,
Diane Matthews

P.S. I have changed accountants