


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # P98000065935 1. Entity Name GARY E. FRAZIER, P.A.	
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Principal Place of Business 150 2ND AVENUE NORTH SUITE 910 ST. PETERSBURG, FL 33701	Mailing Address P O BOX 56120 ST PETERSBURG, FL 33732 US
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DO NOT WRITE IN THIS SPACE



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3523213	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 FRAZIER, GARY E 150 2ND AVENUE NORTH SUITE 910 ST. PETERSBURG, FL 33701

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (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	00000000000000000000 02/26/04 08:00:01-015 151100
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD FRAZIER, GARY E 150 2ND AVE. N., SUITE 910 ST. PETERSBURGH, FL 33701
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **Pres GARY E. FRAZIER, Pres.** **2/24/04 727 821 3986**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #