## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000088972 JEANETTE R. TOEPPE, P.A.

**FILED** Mar 29, 2004 08:00 AM Secretary of State

Principal Place of Business

7268 BROOKRIDGE CENTRAL BLVD BROOKSVILLE, FL 34613

7268 BROOKRIDGE CENTRAL BLVD BROOKSVILLE, FL 34613



01222004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3537509 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

TOEPPE, JEANETTE R 7268 BROOKRIDGE CENTRAL BLVD BROOKSVILLE, FL 34613

## DO NOT WRITE IN THIS SPACE

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, typod 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 Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE	DPST				
NAME	TOEPPE, JEANETTE R				
STREET ADDRESS	7268 BROOKBRIDGE CENTRAL BLVD				
CITY-ST-ZIP	BROOKSVILLE, FL 34613				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000098964 03/29/04-80064-013 150.00
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NAME					
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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:  SIGN					
ON THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR  Date  Date  Date  Desymme Phone of					