

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90131 033 ***150.00

14020868



01292004 Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDONOUGH, BRIAN J
2200 MUSEUM TOWERS
150 W. FLAGLER ST.
MIAMI, FL 33130

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME WILSON, JACK ☒ Delete
STREET ADDRESS 6200 COURTNEY CAMPBELL CUASEWAY, STE. 600
CITY-ST-ZIP TAMPA, FL 33607

TITLE VS
NAME KOEHLER, DEBRA F ☒ Delete
STREET ADDRESS 6200 COURTNEY CAMPBELL CSY STE 600
CITY-ST-ZIP TAMPA, FL 33607

TITLE V
NAME WELCH, GARY E ☒ Delete
STREET ADDRESS 6200 COURTNEY CAMPBELL CSY STE 600
CITY-ST-ZIP TAMPA, FL 33607

TITLE V
NAME BOWERS, CHRISTOPHER G ☒ Delete
STREET ADDRESS 6200 COURTNEY CAMPBELL CSY STE 600
CITY-ST-ZIP TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS ☐ Delete
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS ☐ Delete
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT
NAME Wilson, Carolyn M ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE CFOS
NAME Storey, Brenda H ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

Brenda H. Storey
Brenda H. Storey
Chief Financial Officer

4/26/04

Date

Daytime Phone #