2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000100804

1. Entity Name
THE LAW OFFICES OF STEVEN R. TINSLEY, P.A.

Principal Place of Business	Mailing Address
104 S. CLYDE AVENUE KISSIMMEE, FL 34741	104 S. CLYDE AVENUE KISSIMMEE, FL 34741

DO NOT WRITE IN THIS SPACE

07162004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3551446		Not Applicable

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

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6. Name and Address of Current Registered Agent

TINSLEY, STEVEN R
104 S. CLYDE AVENUE
KISSIMMEE, FL 34741

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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, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00 **Due by September 8, 2004**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000163276 08/03/04-80001-013 550.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	TINSLEY, STEVEN R
STREET ADDRESS	1005 EMMETT STREET
CITY-ST-ZIP	KISSIMMEE, FL 34741

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Stn R Tinsley_   7/19/04   407-933-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #