


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000002465
 1. Entity Name
 CLARIE, GRAVES, REISCHMANN, P.A.



Principal Place of Business Mailing Address
 1101 PASADENA AVENUE SOUTH #1 1101 PASADENA AVENUE SOUTH #1
 SOUTH PASADENA, FL 33707 SOUTH PASADENA, FL 33707

DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3552041 Not Applicable

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

6. Name and Address of Current Registered Agent
 REISCHMANN, CHARLES F
 1101 PASADENA AVENUE
 SUITE 1
 SOUTH PASADENA, FL 33707

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

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	D
NAME	CLARIE, D'ARCY R
STREET ADDRESS	1101 PASADENA AVENUE SOUTH #1
CITY - ST - ZIP	SOUTH PASADENA, FL 33707
TITLE	D
NAME	REISCHMANN, WILLIAM E SR.
STREET ADDRESS	1101 PASADENA AVENUE SOUTH #1
CITY - ST - ZIP	SOUTH PASADENA, FL 33707
TITLE	D
NAME	REISCHMANN, CHARLES F
STREET ADDRESS	1101 PASADENA AVENUE SOUTH #1
CITY - ST - ZIP	SOUTH PASADENA, FL 33707
TITLE	D
NAME	GRAVES, THOMAS D
STREET ADDRESS	1101 PASADENA AVENUE SOUTH, #1
CITY - ST - ZIP	SOUTH PASADENA, FL 33707
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 01/16/04-80094-010 150.00

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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)(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:  1/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #