## 2004 FOR PROFIT CORPORATION

## ANNUAL REPORT **FILED** Jan 20, 2004 08:00 AM Secretary of State **DOCUMENT # P99000008843** 1. Entity Name LAWRENCE W. BORNS, P.A. Mailing Address Principal Place of Business 412 N. HALIFAX AVENUE 412 N. HALIFAX AVENUE DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 CR2E034 (10/03) 01122004 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3556670 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BORNS, LAWRENCE W DO NOT WRITE 412 N. HALIFAX AVENUE DAYTONA BEACH, FL 32118 IN THIS SPACE 8. The above named entity submits this statement for the ourpose 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. (NOTE Registered Agent signature required when reinstating) DAJE Signature, typed or printed name of registered agent and title if applicable. **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PD BORNS, LAWRENCE W 412 N. HALIFAX AVENUE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32118 - -U00000007413 91/20/04-80023-006 150.00 TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

Applied For

Not Applicable