

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90013 031 ***150.00

DOCUMENT # P99000010599					
1. Entity Name MOTES, CARR, SHAW, SEARS, STURGESS & WILLIAMS, P.A.					
Principal Place of Business 3751 MAGUIRE BLVD SUITE 104 ORLANDO, FL 32803			Mailing Address PO BOX 149205 ORLANDO, FL 32802-3426		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02042004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3555144				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOTES, CARL D 3751 MAGUIRE BLVD SUITE 104 ORLANDO, FL 32803			7. Name and Address of New Registered Agent 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: <u>Carl D Motes</u> DATE: <u>3-4-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP NAME MOTES, CARL D STREET ADDRESS 3751 MAGUIRE BLVD, STE 104 CITY-ST-ZIP ORLANDO, FL 32803	<input type="checkbox"/> Delete		TITLE DVP NAME Williams, L Miller STREET ADDRESS 3751 Maguire Blvd., Ste 104 CITY-ST-ZIP Orlando FL 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DVPS NAME CARR, GEORGE E STREET ADDRESS 3751 MAGUIRE BLVD, STE 104 CITY-ST-ZIP ORLANDO, FL 32803	<input type="checkbox"/> Delete		TITLE DVP NAME Carr, George E. STREET ADDRESS 3751 Maguire Blvd., Ste 104 CITY-ST-ZIP Orlando FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPDT NAME SHAW, JACK W JR STREET ADDRESS 3751 MAGUIRE BLVD, STE 104 CITY-ST-ZIP ORLANDO, FL 32803	<input type="checkbox"/> Delete		TITLE VPDT NAME Shaw, Jack W. Jr. STREET ADDRESS 3751 Maguire Blvd. Ste 104 CITY-ST-ZIP Orlando FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE DVP NAME Sturgess, Robert H. STREET ADDRESS 995P Atlantic Blvd., Ste 414 CITY-ST-ZIP Jacksonville FL 32225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE DVP NAME Sears, James W STREET ADDRESS 3751 Maguire Blvd., Ste 104 CITY-ST-ZIP Orlando FL 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Carl D Motes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>March 4, 2004</u> Daytime Phone #: <u>407 899 6108</u>		

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