2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000014813* 1. Entity Name SCOTT W. SITTERSON, P.A.			Secretary of State				
Principal Place 501 KEENAN FT. MYERS, F	AVE	Mailing Address 501 KEENAN AVE FT. MYERS, FL 33919					
DO NOT WRITE IN THIS SPA			CE	04202004 4. FEI Number 65-089	No Chg-P		34 (10/03) Applied For Not Applicable
			W		of Status Desired		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SITTERSON, SCOTT W 501 KEENAN AVE FT. MYERS, FL 33919 8. The above named entity subdits this statement for the purpose of changing its register.			DO NOT WRITE IN THIS SPACE red office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
the obligations of register fragent. 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 Final Trust Fund Contribution.				5.00 May Be ded to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DII P SITTERSON, SCOTT W 501 KEENAN AVE FT. MYERS, FL 33919	ECTORS			U00000 05/04/04-	1153404 80125	9 -015 150.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W THIS SF		

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 enfaowered.

SIGNATURE: _

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26/04 (39) 9940