2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000014861

Entity Name: DR. KATIE B. SCHONECK O.D. & ASSOCIATES, P.A.

FILED Mar 31, 2004 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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27001 U.S. HIGHWAY 19 NORTH SUITE 1069 CLEARWATER, FL 33759

Current Mailing Address: New Mailing Address:

27001 U.S. HIGHWAY 19 NORTH SUITE 1069 CLEARWATER, FL 33759

FEI Number: 59-3563964 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHONECK, KATIE B 27001 U.S. HIGHWAY 19 NORTH SUITE 1069 CLEARWATER, FL 33759

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: PSTD (X) Change () Addition

Name: SCHONECK, KATIE B Name: SCHONECK, KATIE B

Address: 27001 U.S. HIGHWAY 19 NORTH Address: 27001 U.S. HIGHWAY 19 NORTH STE 2037

City-St-Zip: CLEARWATER, FL 33759 City-St-Zip: CLEARWATER, FL 33761

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATIE SCHONECK PSTD 03/31/2004