## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 26, 2004 8:00 am Secretary of State

DOCUMENT # P99000028061  1. Entity Name DAVID P. CARR, CPA, P.A.										01-26-20	004 90017	7 005 ***	150.00
Principal Place of Business Mailing Address								1					
2354 ALDRII Fort Myers			54 ALDRIDGE AVE _ RT MYERS, FL 33907			-				·			
2. Principal Place of Business, 3.					3. Mailing Address							and the second	
(Suite Apt. #, etc.				Suite, Apt. #, etc.					01212004	Chg-P	CR2EC	34 (10/03)	
City & State FT. Mes				City & State					4. FEI Number 65-0907597				oplied For ot Applicable
Zip 📂		Country 33	912	Zip		Countr	у		5. Certificate	e of Status Desired		\$8.75 Add Fee Require	
	- 6. Name	and Addres	s of Current R	egistered A	gent -				7. Name and	d Address of New	Registered .	Agent	
CARR DA	CARR, DAVID P												
2354 ALDI FORT MYI	RIDGE AV					Street Address (P.O. Box Number is Not Acceptable)							
	-					-	City				FL	Zip Cod	le
			s statement for t	the purpose	of changing its re	egistere	d office or r	registere	ed agent, or bo	oth, in the State of I	lorida. I am	familiar with,	and accept
_	*Signature typed	- +	മാധം ച	d tile if annlicah	le (NOTE:		Agent signatur		when reinstating)	n government	DATE	un i Lan La	10 10 10 10 10 10 10 10 10 10 10 10 10 1
2		or printed name of	or registered agent asi	и вне и аррясав	e. (NOTE.		Agent signatur	· · · · · · · · · · · · · · · · · · ·	when remsaurity	I	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.								<b>\$5.</b> Adde	00 May Be ed to Fees	ranger on the second with the otherwise		<u> </u>	
10. t. T.	!	OF	FICERS AND D	IRECTORS		11.			ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE CONTRACTOR	1		Delete		MLE PER					Change	Addition		
NAME STREET ADDRESS	CARR, DAVID P  DRESS   2354 ALDRIDGE AVE				· NAMI								
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STREET ADDRESS		· ^-				STREE	T ADDRESS						
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 elapovered o 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 a other like empowered.  SIGNATURE:													1-1040
J. W. 1571	~···	SIGNATURE	AND TYPED OR PRI	NTED NAME OF	SIGNING OFFICER O	H DIRECTO	)R		- · · · · · · · · · · · · · · · · · · ·	Date	,	aytime Phone #	