## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000037363

Name:

Address:

City-St-Zip:

Entity Name: FRANCES F. STRAWN, P.A.

FILED Jan 26, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1000 S ORLANDO AVENUE MAITLAND, FL 32751 **New Mailing Address: Current Mailing Address:** 1000 S ORLANDO AVENUE MAITLAND, FL 32751 FEI Number: 59-3577549 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: STRAWN, FRANCES F STRAWN, FRANCES F 1000 S ORLANDO AVE 735 YALE ROAD DELAND, FL 32724 MAITLAND, FL 32751 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: 01/26/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition STRAWN, FRANCES F Name: Name: 1518 CLOUSER AVENUE Address: Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: Title: DV Title: () Change () Addition () Delete Name: STRAWN, DAVID U Name: 1518 CLOUSER AVENUE Address: Address: ORLANDO, FL 32804 City-St-Zip: City-St-Zip: Title: Title: () Delete DP ( ) Change (X) Addition STRAWN, FRANCES F Name: Name: 735 YALE ROAD Address Address: City-St-Zip: City-St-Zip: DELAND, FL 32724 Title: () Delete Title: DV ( ) Change (X) Addition

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.

Name:

Address:

City-St-Zip:

STRAWN, DAVID U

DELAND, FL 32724

735 YALE ROAD

SIGNATURE: FRANCES F. STRAWN DP 01/26/2004