2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State
02-27-2004 90035 042 ***150.00

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1. Entity Name
DAVID J. BORDELON, P.A.

94021809

Principal Place of Business	Mailing Address
334 NORTHEAST GRANDUER AVENUE PORT ST LUCIE, FL 34983	334 NE GRANDEUER AVE PORT ST LUCIE, FL 34983

02172004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
SAME AS MAILING	3998 N. Palafox
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Pensacola FL
Zip / Country	Zip: 32505 / Country

4. FEI Number: 65-0917385 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BORDELON, DAVID J ~~334 NE GRANDEUER AVE~~ 3998 N. Palafox ~~PORT SAINT LUCIE, FL 34983~~ Pensacola, FL 32505	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BORDELON, DAVID J 334 NORTHEAST GRANDUER AVENUE PORT ST LUCIE, FL 34983	☐ Delete	PD BORDELON, DAVID 1836? FOGGY BOTTOM RD PENSACOLA, FL 32507	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: David Bordelon 2/25/04 (850) 434-2924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #