2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000052853

1. Entity Name
LAURA B. BELFLOWER, P.A.

Principal Place of Business	Mailing Address
16002 WYNDOVER RD	P.O. BOX 47451
TAMPA, FL 33647	TAMPA, FL 33647

01072004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3605596	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. **Name and Address of Current Registered Agent**

BELFLOWER, LAURA B
16002 WYNDOVER ROAD
TAMPA, FL 33647

DO NOT WRITE IN THIS SPACE

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_____

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

U00000045826
02/11/04--80078-024 150.00

10. **OFFICERS AND DIRECTORS**

TITLE	P
NAME	BELFLOWER, LAURA B
STREET ADDRESS	16002 WYNDOVER RD
CITY-ST-ZIP	TAMPA, FL 33647

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 of 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: *[signature]* Laura Belflower 1/7/04 813-971-5505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #