2004 FOR PROFIT CORPORATION

Apr 22, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P99000071214** 1. Entity Name DEBRA L. FERWERDA, P.A. Mailing Address Principal Place of Business 351 E SR 434 STE A 351 E SR 434 STE A WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 04202004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1246182 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent FERWERDA, DEBRA L DO NOT WRITE 351 E SR 434 STE A WINTER SPRINGS, FL 32708 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_ DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. BILE FERWERDA, DEBRÀ L NAME STREET ADDRESS 351 E SR 434 STE A U00000125177 04/22/04-80076-803 150.00 CITY-ST-ZIP WINTER SPRINGS, FL 32708 TITLE NAME STREET ADDRESS CITY-ST-ZIP 3131E NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 certify that the information of the corporation or the receiver or tryptee 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 a deadness, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-327-8899

FILED