

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90045 047 ***150.00

DOCUMENT # P99000073584			
1. Entity Name S. O. BOHANNON P.A.			
Principal Place of Business 552 BAY VILLAS LN NAPLES, FL 34108		Mailing Address 552 BAY VILLAS LN NAPLES, FL 34108	
2. Principal Place of Business 1633 Mandarin Road <small>Suite, Apt. #, etc.</small>		3. Mailing Address 1633 Mandarin Road <small>Suite, Apt. #, etc.</small>	
City & State Naples, FL 34102 <small>Zip Country</small>		City & State Naples, FL 34102 <small>Zip Country</small>	
4. FEI Number 65-0946636		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOHANNON, SHARYN O 552 BAY VILLAS LN NAPLES, FL 34108 NEW ADDRESS:: 1633 Mandarin Road Naples, FL 34102			
7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete NAME BOHANNON, SHARYN O	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____	NAME _____
STREET ADDRESS 552 BAY VILLAS LN	1633 Mandarin Rd	STREET ADDRESS _____	_____
CITY-ST-ZIP NAPLES, FL 34108	Naples, FL 34102	CITY-ST-ZIP _____	_____
TITLE _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____	NAME _____
STREET ADDRESS _____	_____	STREET ADDRESS _____	_____
CITY-ST-ZIP _____	_____	CITY-ST-ZIP _____	_____
TITLE _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____	NAME _____
STREET ADDRESS _____	_____	STREET ADDRESS _____	_____
CITY-ST-ZIP _____	_____	CITY-ST-ZIP _____	_____
TITLE _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____	NAME _____
STREET ADDRESS _____	_____	STREET ADDRESS _____	_____
CITY-ST-ZIP _____	_____	CITY-ST-ZIP _____	_____
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: <i>Sharyn O. Bohannon</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		01-14-04 (239) 262-4140 <small>Date Daytime Phone #</small>	