2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000079813

1. Entity Name JOLLY & PETERSON, P.A.



Principal Place of Business

2145 DELTA BLVD SUITE 200 TALLAHASSEE, FL 32303

SIGNATURE:

Mailing Address

PO BOX 37400 TALLAHASSEE, FL 32315

34011031

FILED Feb 06, 2004 8:00 am

Secretary of State

02-06-2004 90020 050 ***150.00



02032004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3590215

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

PETERSON, CARL R JR. 2155 DELTA BLUD, STE. 110 2/45 DELTA BLUD, STE. 200 TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees `	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOLLY, JOHN W JR 6293 HINES HILL CIRCLE TALLAHASSEE, FL 32312				•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, CARL R JR. 3312 VAILLAN COURT TALLAHASSEE, FL 32312				•
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS 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 receiper 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.					