2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000080515

1. Entity Name

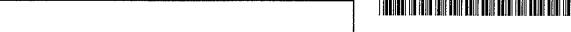
MICHAEL T. KOVACH, P.A.



FILED Feb 12, 2004 08:00 AM Secretary of State

Principal Place of Business 106 N. OSCEOLA AVE. INVERNESS, FL 34450 _Mailing Address

106 N. OSCEOLA AVE. INVERNESS, FL 34450



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3597353		CH2E034 (10/03)			
			Applied For		
			Not Applicable		
		00.75			

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

KOVACH, MICHAEL T 106 N. OSCEOLA AVE. INVERNESS, FL 34450

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plions of registered agent.	surpose of changing its registere	d office or r	egistered agent, or bol	h, in the State of Florida. I am familiar v	vith, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title i	applicable. (NOTE Registered	Agent signature	required when reinstaling)	DATE	- · · · · · · · · · · · · · · · · ·
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.		cìng	\$5.00 May Be Added to Fees	U00000048004 02/12/04-80063-011	150.00	
10.	OFFICERS AND DIREC	TORS			·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KOVACH, MICHAEL T SR 106B NORTH OSCEOLA AVE INVERNESS, FL 34450	- -		<u>.</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MICHAEL, KOVACH T JR 7448 E SAVANNAH DR FLORAL CITY, FL 34436			- == -		,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RODRIGUEZ, MARK D 3376 MORVEN DR BROOKSVILLE, FL 34609			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						**************************************
TITLE NAME STREET ADDRESS CITY-ST-ZIP			**************************************			
12. I hereby o	pertify that the information supplied with this fit	fog does not qualify for the exem	nption stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the	ne information

12. Hereby certify that the information-supplied with this fifting 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 suppliemental 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 fustee 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:

URE AND TYRED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-04

(352)344-5551 Daylime Phone II