

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P99000088012

1. Entity Name  
PAUL E. WHELAN, CERTIFIED PUBLIC ACCOUNTANT,  
P.A.



Principal Place of Business  
6810 WHITE OAK DR.  
MIAMI LAKES, FL 33014

Mailing Address  
6810 WHITE OAK DR.  
MIAMI LAKES, FL 33014

**DO NOT WRITE IN THIS SPACE**

**FILED  
Apr 28, 2004 8:00 am  
Secretary of State**

04-28-2004 90305 024 \*\*\*150.00

44039327



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0952758	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHELAN, PAUL E  
6810 WHITE OAK DR.  
MIAMI LAKES, FL 33014

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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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHELAN, PAUL E 6810 WHITE OAK DRIVE MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS 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 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:

*Paul E. Whelan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04 305-822-0451  
Date Daytime Phone #