

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000107988		
1. Entity Name JOHN O. MCGOWAN, P.A.		
Principal Place of Business 6640 WILLOW PARK DRIVE NAPLES, FL 34109 US		Mailing Address 6640 WILLOW PARK DRIVE NAPLES, FL 34109 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MCGOWAN, JOHN O 6640 WILLOW PARK DRIVE NAPLES, FL 34109		 03112004 No Chg-P CR2E034 (10/03) 4. FEI Number 59-3618651 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required DO NOT WRITE 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 _____ (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 U00000091615 03/18/04-80016-008 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD MCGOWAN, JOHN O 6640 WILLOW PARK DRIVE NAPLES, FL 34109	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MCGOWAN, JOHN W 6640 WILLOW PARK DRIVE NAPLES, FL 341096	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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)(f), 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:  John O. McGowan President 3/16/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		