

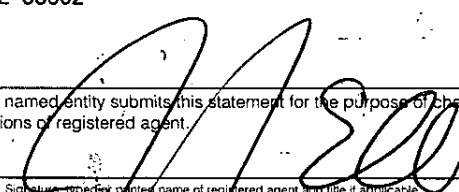
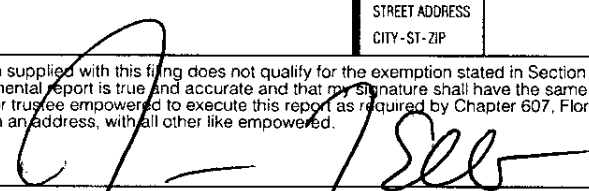


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90331 023 ***150.00

DOCUMENT # P99000111239					
1. Entity Name JONATHAN J. ELLIS, P.A.					
Principal Place of Business 100 NORTH TAMPA STREET, SUITE 3500 TAMPA, FL 33602			Mailing Address 100 NORTH TAMPA STREET, SUITE 3500 TAMPA, FL 33602		
2. Principal Place of Business 101 E. Kennedy Blvd. Suite, Apt. #, etc. Suite 2800 City & State Tampa, FL 33602		3. Mailing Address 101 E. Kennedy Blvd. Suite, Apt. #, etc. Suite 2800 City & State Tampa, FL 33602			
4. FEI Number 59-3618331		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 ELLIS, JONATHAN J ESQ 100 NORTH TAMPA STREET, SUITE 3500 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 101 E. Kennedy Blvd. Suite 2800 City Tampa, FL Zip Code 33602		
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:  DATE: 4/16/04					
(NOTE: Registered Agent signature required when reinstating)					
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD ELLIS, JONATHAN J 100 N TAMPA ST 3500 TAMPA, FL 33602		TITLE NAME STREET ADDRESS CITY-ST-ZIP	101 E. Kennedy Blvd Suite 2800 Tampa, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  DATE: 4/16/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					