2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2004 08:00 AM Secretary of State

	ANNUAL	REPORT	<u></u>	T CD 20	3, 2007 00.00 A	1 N.
DOCU	MENT # P990001112	.74		Sec	retary of State	е
1. Entity Name						
JOYCESI	IBSON DOVE, P.A.					
Principal Place	e of Business	Mailing Address				
203 N FRANK		P.O. BOX 10426				
TALLAHASSEI	E, FL 32301	TALLAHASSEE, FL 32302-2426				
						ĺ
					<u> </u>	ı
	•		00000004	No Chg-P	CR2E034 (10/03)	
m	O NOT WOITE	IN THIS SPACE	02232004	No Clig-P	=, 	
1	O NOI While	IN THIS STACE	4. FEI Numb 59-36		Applied For Not Applica	
		·			_ \$8.75 Additional	шыс
			5. Certificat	e of Status Desired	Fee Required	
	6. Name and Address of Current Re	egistered Agent	o and with the control of the contro	<u> </u>	magnetical entry of a company	
DOVE, JO	YCE SIBSON		na	NI/YT M	DITE	
203 N FRANKLIN BLVD			DO NOT WRITE			
TALLAHAS	SSEE, FL 32301	į.	IN	THIS SF	'ACE	
P. The above	named entity cultmits this statement for	he purpose of changing its registered office	or registered agent, or h	oth, in the State of Fl	orida. Lam familiar with and acc	oses cept
	tions of registered agent.	the purpose of changing na registeres office	or registered agent, or a	out, in ore order or	<u> </u>	
SIGNATURE		<u> </u>		<u></u>		
0,011	Signature typed or printed name of registered agent an	d utile if applicable. (NOTE Flegistered Agont sig	nature required when renstaining)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campalgn Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees			
10.	OFFICERS AND D	IRECTORS		<u> </u>		.
TILE	P					
NAME	DOVE, JOYCE	i i				
STREET ADDRESS GITY-ST-ZIP	6734 CHEVY WAY			Linnann	י אמבטטער	
TITLE	TALLAHASSEE, FL 32311		****	03/01/04	2069754 -80023-002 150.00	
NAME	<u> </u>	Ì				
STREET ADDRESS		l l				
CITY-ST-ZIP					==:	
TITLE		.				
NAME STREET ADDRESS			يس عدد	A SAMOON SE	& Graff & miles from	
CITY-ST-ZIP			UC	NOT W	/KIIE	. –
Trite			i IN	THIS SI	PACE	
NAME	1		28 W	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ST TO THAT THEM	
STREET ADDRESS CITY-ST-ZIP						
RITLE				· · · · · · · · · · · · · · · · · · ·		. –
NAME						
STREET ADDRESS		1				
CITY-ST-ZIP	<u> </u>					,
TITLE		1				
NAME STREET ADDRESS		l l				

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 of trustee empowered to execute his 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

126/04 850 2241111