## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 22, 2004 08:00 AM Secretary of State

ANNUAL REPORT	
DOCUMENT # S03324	
1. Entity Name JEFFREY A. KING, P.A.	

6. Name and Address of Current Registered Agent

Principal Place of Business

Mailing Address

1800 SECOND STREET 895 1800 SECOND STREET

SARASOTA, FL 34236 US =

SARASOTA, FL 34236 US



## DO NOT WRITE IN THIS SPACE

01092004 No Chg-P CF	72E034 (10/03)
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4. FEI Number Applied For 65-0219493 Not Applicable

5. Certificate of Status Desired 58.75 Additional

3. 0

Fee Required

KING, JEFFREY A. 1800 SECOND ST SUITE 895 SARASOTA, FL 34236

## 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 obtigations of registered agent.  SIC PATURE.								
uicijalone.	Signature, typed or printed name of registered agent and title	if applicable (NOTE, R	egistered Agent algnatur	a (aquired when reinstating)	DATE			
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Efection Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS						
NAME STREET ADDRESS CITY-ST-ZP	DPV KING, JEFFREY A. 1800 SECOND STREET SUITE 895 SARASOTA, FL 34236				Hoobbeeeee			
TITLE NAME STREET ADDRESS CITY+ST+ZIP	ST KING, JEFFREY A 1800 SECOND STREET SUITE 895 SARASOTA, FL 34236				U00000009998 Ú1/22/04-80014-004 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZEP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CSTY-ST-ZIP				IN T	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
THE NAME STREET ADDRESS CHTY-ST-ZIP								
12. I hereby certify that the information supplied with this filling 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								

12. Hereby certify that the information supplied with this filling 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 ceth; that I am an officer or director of the corporation of 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:

CHATTER AND TYPED OR PRINTED NAME OF SIGNING OFFICER UN DIRECTOR

9/04 941-954-558