2004 FOR PROFIT CORPORATION ____ ANNUAL REPORT

Apr 22, 2004 08:00 AM Secretary of State DOCUMENT # S13332 1. Entity Name ROBERT L. THOMAS, P.A. Principal Place of Business Mailing Address 1009 S. BAY ST. 1009 S. BAY ST. EUSTIS, FL 32703 EUSTIS, FL 32703 US 01072004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3051350 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THOMAS, SHIRLEY K DO NOT WRITE 1009 S. BAY ST. EUSTIS, FL 32703 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution, Added to Fees 10. OFFICERS AND DIRECTORS TITLE THOMAS, ROBERT L NAME STREET ADDRESS 1405 MONTEREY DRÍVE CITY-ST-ZIP EUSTIS, FL U00000125184 04/22/04-80076-006 150.00 TITLE NAME STREET ADDRESS C3TY-ST-Z3P THILE MAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CRTY - ST - ZIP TITLE NAME STREET ADDRESS CITY-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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

4-20-04 352-483-3211