2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2004 08:00 AM Secretary of State

ANNUAL REPORT					Secretary of State			
1. Entity Name	MENT # S52812 H. SERGENT, P.A.				Sec	cretary	oi State	
Principal Place 5119 FLICKER SARASOTA, FL	R FIELD CIRCLE	Mailing Address 5119 FLICKER FIELD CIRCLE SARASOTA, FL 34231						
D	O NOT WRITE	IN THIS SPA	CE	01072004 4. FEI Numbe 65-026	No Chg-P	CR2E034 (10	YM)2 menecemb (5 9 mm)	
6. Name and Address of Current Registered Agent SERGENT, STANLEY H. 5119 FLICKER FIELD CIR. SARASOTA, FL 34231				-	NOT W		,	
the obligation	named entity submits this statement for t ons of registered agent.			ed agent, or bo		rida. I am familiar	with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Separation byped or printed name of regristered agent and little if applicable (NOTE Registered Printed Pri				.00 May Be		DATE		
NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D DPS SERGENT, STANLEY H. 5119 FLICKER FIELD CIR. SARASOTA, FL T SERGENT, STANLEY H.	RECTORS	-		U0000 01/13/04	00003707 1-80067-02	25 150.00	
, ,	5119 FLICKER FIELD CIR. SARASOTA, FL			ĎΟ	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				IN ⁻	THIS SF	PACE		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·						

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 turther 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:

MAME STREET ADDRESS CITY - ST - ZIP

S. 4. SERCENT) SKLU

1/7/03

941- 925-2260

Daytime Phone #