## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # S57053

1. Entity Name

JANICE K. GRINDLE, LCSW, P.A.



FILED Apr 29, 2004 08:00 AM Secretary of State

CR2E034 (10/03)

Principal Place of Business 1177 LOUISIANA AVENUE

SUITE 105

WINTER PARK, FL 32789

Mailing Address

1177 LOUISIANA AVENUE

SUITE 105

WINTER PARK, FL 32789



| O NOT WRITE IN THIS SPACE                       | 4. FEI Number 59-3069705         | Applied For Not Applicab | le                                |   |
|-------------------------------------------------|----------------------------------|--------------------------|-----------------------------------|---|
|                                                 | 5. Certificate of Status Desired |                          | \$8.75 Additional<br>Fee Required |   |
| 5. Name and Address of Current Registered Agent |                                  | •                        |                                   | _ |

01302004

GRINDLE, JANICE K. 1177 LOUISIANA AVENUE SUITE 105 WINTER PARK, FL 32789

## DO NOT WRITE IN THIS SPACE

No Chg-P

| 8. The above the obligat                                              | named entity submits this statement for the pions of registered agent.            | urpose of changing its regi                 | Istered office or r     | egistered agent, or bo         | oth, in the State of Florida. I am familiar with, and accept  |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------|-------------------------|--------------------------------|---------------------------------------------------------------|
| SIGNATURE.                                                            |                                                                                   |                                             |                         |                                |                                                               |
|                                                                       | Signature, typed or printed name of registered agent and title it                 | applicable. (NOTE, Reg                      | istered Agent signature | required when reinstating)     | DATE                                                          |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00 |                                                                                   | Election Campaign F<br>Trust Fund Contribut |                         | \$5.00 May Be<br>Added to Fees |                                                               |
| 10.                                                                   | OFFICERS AND DIREC                                                                | TORS                                        |                         |                                |                                                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | D<br>GRINDLE, JANICE K<br>1177 LOUISIANA AVENUE SUITE 10<br>WINTER PARK, FL 32789 | 5                                           |                         |                                | Lifedent and a                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CHY-ST-ZEP                         |                                                                                   |                                             |                         |                                | U00000140744<br>04/29/04-80174-003 150.00                     |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP                                 |                                                                                   |                                             |                         | DO                             | NOT WRITE                                                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |                                                                                   |                                             |                         | IN .                           | THIS SPACE                                                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |                                                                                   |                                             |                         |                                |                                                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |                                                                                   | ,                                           |                         |                                |                                                               |
| 12. I hereby o                                                        | certify that the information supplied with this fill                              | ing does not qualify for the                | exemption state         | d in Section 119.07(3)         | (i), Florida Statutes. I further certify that the information |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04 407-639-2057