

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # V03137		
1. Entity Name J. MICHAEL DOUGLASS, P.A.		
Principal Place of Business 1872 S TAMiami TRAIL SUITE D VENICE, FL 34293		Mailing Address 1872 S TAMiami TRAIL SUITE D VENICE, FL 34293
DO NOT WRITE IN THIS SPACE		
		01222004 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0302854		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
DOUGLASS, JAMES MICHAEL 1090 OLEANDER ST ENGLEWOOD, FL 34223		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 obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DOUGLASS, JAMES MICHAEL 1090 OLEANDER ST ENGLEWOOD, FL 34223	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST DOUGLASS, JAMES MICHAEL 1090 OLEANDER ST ENGLEWOOD, FL 34223	
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12. I hereby certify that the information supplied with this form 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		4/28/04 (941) 493-0871 Date Daytime Phone #