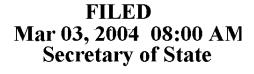
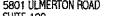
2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V19597 1. Entity Name DONALD P. SIMON, P.A. Principal Place of Business Mailing Address 5801 ULMERTON ROAD 5801 ULMERTON ROAD SUITE 100

CLEARWATER, FL 34620







SUITE 100

CLEARWATER, FL 34620



DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent SIMON, DONALD PAUL 5801 ULMERTON RD STE 100 CLEARWATER, FL 34620				O1152004 No Chg-P CR2E034 (10/03) 4. FEI Number		
	named entity submits this statement for the plans of registered agent. Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registered	l Agent signature requ	ured when reinstating)	th, in the State of Fl	orida. I am familiar with, and accept
After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		5.00 May Be Idded to Fees		
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DPTS SIMON, DONALD PAUL 5801 ULMERTON RD STE 100 CLEARWATER, FL	CIOHS			U000 03/03/0	00075313 4-80054-016 150.00
NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CATY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME				÷		

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: