

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V40531

FILED
Jan 12, 2004
Secretary of State

Entity Name: MELINDA PENNEY GAMOT, P.A.

Current Principal Place of Business:

315 5TH ST
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

315 5TH STREET
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 65-0334368 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMOT, MELINDA PENNEY
315 5TH ST
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: GAMOT, MELINDA PENNE, Y
Address: 315 5TH STREET
City-St-Zip: W. PALM BEACH, FL

Title: T () Delete
Name: GAMOT, MELINDA PENNE, Y
Address: 315 5TH STREET
City-St-Zip: W. PALM BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: GAMOT, MELINDA PENNE, Y
Address: 315 5TH STREET
City-St-Zip: W. PALM BEACH, FL 33401 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELINDA PENNEY GAMOT

PRES

01/12/2004

Electronic Signature of Signing Officer or Director

_____ Date