2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V63123

Entity Name: ST. JOHN, LANDON & MASON, P.A.

FILED Apr 29, 2004 Secretary of State

| Current Principal Place of Business: New P | rincipal Place of Business: |
|--|-----------------------------|
|--|-----------------------------|

4401 N FEDERAL HWY STE 202 BOCA RATON, FL 33431

Current Mailing Address: New Mailing Address:

4401 N FEDERAL HWY STE 202 BOCA RATON, FL 33431

FEI Number: 65-0352184 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ST. JOHN, MICHAEL J.

4401 N FEDERAL HWY STE 202

BOCA RATON, FL 33431 US

LANDON, JAMES C

4401 N FEDERAL HWY STE 202

BOCA RATON, FL 33431 US

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: JAMES C. LANDON 04/29/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT () Delete Title: D (X) Change () Addition

Name: ST. JOHN, MICHAEL J.,
Address: 4401 N FEDERAL HWY STE 202 ST JOHN, MICHAEL J.
Address: 4401 N FEDERAL HWY STE 202

City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: BOCA RATON, FL 33431

Title: DVS () Delete Title: PTD (X) Change () Addition

Name: LANDON, JAMES C Name: LANDON, JAMES C

 Address:
 4401 N FEDERAL HWY STE 202
 Address:
 4401 N FEDERAL HWY STE 202

 City-St-Zip:
 BOCA RATON, FL 33431
 City-St-Zip:
 BOCA RATON, FL 33431

Title: DV () Delete Title: VSD (X) Change () Addition

Name: MASON, JOHN F Name: MASON, JOHN F

Address: 4401 N FEDERAL HWY STE 202 Address: 4401 N FEDERAL HWY STE 202
City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: BOCA RATON, FL 33431

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: JAMES C. LANDON PDT 04/29/2004