

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # V73122

1. Entity Name
WALKER & TUDHOPE, P.A., A FLORIDA PROFESSIONAL ASSOCIATION



Principal Place of Business 1053 MAITLAND CENTER COMMONS BLVD 200 MAITLAND, FL 32751 US	Mailing Address 1053 MAITLAND CENTER COMMONS BLVD 200 MAITLAND, FL 32751 US
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04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3150628	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WALKER, BERRY J.
 1053 MAITLAND CENTER COMMONS BLVD
 SUITE 200
 MAITLAND, FL 32751**

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 _____ (NOTE Registered Agent signature required when reinstating) 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	PSTD WALKER, BERRY J 1053 MAITLAND CENTER COMMONS BLVD MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD TUDHOPE, WALLACE W 1053 MAITLAND CENTER COMMONS BLVD MAITLAND, FL 32751
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APR 30 2004
 1053 MAITLAND CENTER COMMONS BLVD
 MAITLAND, FL 32751

12. I hereby certify that the information supplied with this filing 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

APR 28 2004