

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90230 005 ***150.00

DOCUMENT # P00000045424
 1. Entity Name
 EDWARD HALLGREN, CPA, P.A.



Principal Place of Business Mailing Address
 10200 GANDY BLVD ~~6401 31ST ST SOUTH~~ ~~10200 GANDY BLVD~~ 6401 31ST ST SOUTH
 SUITE ~~1007~~ 305 SUITE ~~1007~~ 305
 SAINT PETERSBURG, FL ~~33702~~ 33712 SAINT PETERSBURG, FL ~~33702~~ 33712

24070496



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-1004665 Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HALLGREN, EDWARD
~~10200 GANDY BLVD~~ 6401 31ST ST SOUTH
 SUITE ~~1007~~ 305
 SAINT PETERSBURG, FL ~~33702~~ 33712

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 Edward Hallgren EDWARD HALLGREN DATE 4/29/04
Signature, typed or printed name of registered agent and title if applicable. (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	P HALLGREN, EDWARD J 10200 GANDY BLVD #1007 6401 31 ST ST SOUTH #305 SAINT PETERSBURG, FL 33702 33712
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DO NOT WRITE IN THIS SPACE

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: Edward Hallgren EDWARD HALLGREN Date 4/29/04 727-327-1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #