

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90034 033 \*\*\*150.00

**DOCUMENT # 483464**

1. Entity Name  
 DEARDOURFF, TIMMONS & ASSOCIATES, P.A.



Principal Place of Business  
 6420 N.W. 9TH BLVD. #2  
 GAINESVILLE, FL 32605-4203

Mailing Address  
 6420 N.W. 9TH BLVD. #2  
 GAINESVILLE, FL 32605-4203

**94023518**



02182004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1614580</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

DEARDOURFF, STEPHEN L  
 6420 N.W. 9TH BLVD. #2  
 GAINESVILLE, FL 32605

**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 \_\_\_\_\_  
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	PD DEARDOURFF, STEPHEN L 6420 N.W. 9TH BLVD. GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TIMMONS, JOHN W. 6420 N.W. 9TH BLVD. GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Chris Cassisi 6420 N.W. 9th Blvd. Gainesville FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/04 3523312332  
Date Daytime Phone #