

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT# 590013

1. Entity Name
STUART J. WITTEN AND ASSOCIATES, INC.



Principal Place of Business
**1720 NW 95 AVENUE
MIAMI, FL 33172**

Mailing Address
**1720 NW 95 AVENUE
MIAMI, FL 33172**

DO NOT WRITE IN THIS SPACE



07232004 NoChg-P CR2E034(10/03)

4. FEI Number
59-1862675

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WITTEN, STUART
1720 NW 95 THAVE
MIAMI, FL 33172**

**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 obligation of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when

installing)

DATE

U00000168318

07/26/04-800008-024 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
WITTEN, STUART J.
1720 NW 95 AVENUE
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
WITTEN, LEON
1720 NW 95 AVENUE
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DST
WITTEN, GWENC
1720 NW 95 THAVE
MIAMI, FL 33172**

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:

Stuart J. Witten

STUART J. WITTEN

7-23-04

305 592 3190

SIGNATURE, TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #