2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# 603751

Entity Name: KEITH AND SCHNARS, P.A.

Current Principal Place of Business:

6500 N ANDREWS AVE.
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

6500 N ANDREWS AVE.
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 59-1406307 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KALAYCI, TANZER H
6500 N ANDREWS AVE
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	LAZOWICK, ADOLPHINE	
Address:	6500 N ANDREWS AVE.	
City-St-Zip:	FORT LAUDERDALE, FL 33309	
Title:	DV	( ) Delete
Name:	KALAYCI, ERROL DVP	
Address:	6500 NORTH ANDREWS AVENUE	
City-St-Zip:	FORT LAUDERDALE, FL 33309	
Title:	DSV	( ) Delete
Name:	MOSHIER, MARK DSV	
Address:	6500 N ANDREWS AVE.	
City-St-Zip:	FORT LAUDERDALE, FL 33309	
Title:	D	( ) Delete
Name:	KALAYCI, TIM D	
Address:	6500 N ANDREWS AVE	
City-St-Zip:	FORT LAUDERDALE, FL 33309	
Title:	TDV	( ) Delete
Name:	BREED, JOHN N TDV	
Address:	2525 DRANE FIELD RD 5-7	
City-St-Zip:	LAKELAND, FL 33811	
Title:	DP	( ) Delete
Name:	KALAYCI, TANZER DPCEO	
Address:	6500 NORTH ANDREWS AVENUE	
City-St-Zip:	FORT LAUDERDALE, FL 33309	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DVP	(X) Change ( ) Addition
Name:	DAVIS, MICHAEL DVP	
Address:	6500 NORTH ANDREWS AVENUE	
City-St-Zip:	FORT LAUDERDALE, FL 33309	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: MARK MOSHIER DSV 04/21/2004

Electronic Signature of Signing Officer or Director — Date

BRUCE REED / DIRECTOR
6500 N ANDREWS AVE
FORT LAUDERDALE, FL 33309