


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90010 041 ****61.25

DOCUMENT # F01000004506
 1. Entity Name
COMPREHENSIVE INNOVATIONS INSTITUTE, INC.



Principal Place of Business
**200 SOUTH HOOVER BLVD., SUITE 200
 TAMPA, FL 33609**

Mailing Address
**200 SOUTH HOOVER BLVD., SUITE 200
 TAMPA, FL 33609**

DO NOT WRITE IN THIS SPACE

01152004 No Chg-NP CR2E037 (10/03)

4. FEI Number
75-2664490

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

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

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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 _____

**Filing Fee is \$61.25
 Due by May 1, 2004**

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 JOHNSON, MARY JANE 200 SOUTH HOOVER BLVD., SUITE 200 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCD LANDIS, ROBERT J 200 SOUTH HOOVER BLVD., SUITE 200 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WELCH, CATHY J 200 SOUTH HOOVER BLVD., SUITE 200 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Cathy J. Welch* **Cathy J. Welch** *2/10/04* **8132884808**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #