


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90006 015 ***150.00

DOCUMENT # F40963
 1. Entity Name
MOTZEL-SANS ASSOCIATES INC.



Principal Place of Business Mailing Address
227 E. OCEAN AVE. **227 E. OCEAN AVE.**
LANTANA, FL 33462 **LANTANA, FL 33462** **US** **US**

34000010



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **Lantana Rd. #1** Suite, Apt. #, etc. **Lantana Rd. #1**

06302004 Chg-P CR2E034 (10/03)

City & State **Lantana** City & State **Lantana**
 Zip **33462** Country **USA** Zip **33462** Country **USA**

4. FEI Number **59-2126379** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MOTZEL, VINCENT C
227 E. OCEAN AVE.
LAKE WORTH, FL 33462

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
326 Lantana Road #1
 City **Lantana** FL Zip Code **33462**

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]* DATE: **June 30/04**

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 | PT SANS, ARIEL D 12 LITTLE POND RD. MANALAPAN, FL 33462 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS MOTZEL, VINCENT C 12 LITTLE POND RD. MANALAPAN, FL 33462 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 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]* DATE: **June 30/04**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #