## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F97000001910

1. Entity Name

SUITE 100

Principal Place of Business

550 TOWNSHIP LINE RD

BLUE BELL, PA 19422

TIMOTHY HAAHS & ASSOCIATES, INC.



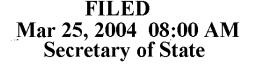
Mailing Address

DO NOT WRITE IN THIS SPACE

550 TOWNSHIP LINE RD

SUITE 100

BLUE BELL, PA 19422





03192004

No Chg-P

CR2E034 (10/03)

4. FEI Number 23-2756408

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY

## DO NOT WRITE

TALLAHASSEE, FL 32301			IN THIS SPACE		
	named entity submits this statement for the prions of registered agent.	urpose of changing its registered	d office or registered agent, or bo	oth, in the State of Florida. I am familiar	with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable CNOTE Registered /			nt signature required when reinstating) DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	Ing <b>\$5.00</b> May Be Added to Fees	U00000096342 03/25/04-80026-005	158.75
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HAAHS, TIMOTHY H 1210 KINGSLEY CT LOWER GWYNEDD, PA 19002				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV ALARCON, PETRONILO C 2953 APPLEDALE RD AUDUBON, PA 19406		•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EBERT, E. JAMES 12431 COCONUT CREEK CT FT MYERS, FL 33908		DO	NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP	STD HAAHS, JANICE J 1210 KINGSLEY CT LOWER GWYNEDD, PA 19002		IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		,		
TITLE NAME STREET ADDRESS					

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: \_

CITY-ST-ZIP