


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000001910 1. Entity Name TIMOTHY HAAHS & ASSOCIATES, INC.	
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Principal Place of Business 550 TOWNSHIP LINE RD SUITE 100 BLUE BELL, PA 19422	Mailing Address 550 TOWNSHIP LINE RD SUITE 100 BLUE BELL, PA 19422
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03192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2756408	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000096342
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 APPLIEDALE RD AUDUBON, PA 19406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EBERT, E. JAMES 12431 COCONUT CREEK CT FT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAAHS, JANICE J 1210 KINGSLEY CT LOWER GWYNEDD, PA 19002
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/04 484-342-0200x103
Date Daytime Phone #