

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003077

FILED
Apr 07, 2004
Secretary of State

Entity Name: STROMQUIST & COMPANY, INC.

Current Principal Place of Business:

4620 ATLANTA ROAD
SMYRNA, GA 30080

New Principal Place of Business:

Current Mailing Address:

PO BOX 724688
ATLANTA, GA 31139

New Mailing Address:

FEI Number: 58-0684488 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESKIN, PAUL
3404 N ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804 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: PC () Delete
Name: LINDLEY, SAM
Address: 4620 ATLANTA ROAD
City-St-Zip: SMYRNA, GA 30080

Title: SD () Delete
Name: STROMQUIST, ERIC
Address: 4620 ATLANTA ROAD
City-St-Zip: SMYRNA, GA 30080

Title: TD () Delete
Name: STROMQUIST, DAVID
Address: 4620 ATLANTA ROAD
City-St-Zip: SMYRNA, GA 30080

Title: D () Delete
Name: SPIELBERG, SOL
Address: 4501 CIRCLE 75 PW SUITE C-3100
City-St-Zip: ATLANTA, GA 30339

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DAVID STROMQUIST

TD

04/07/2004

Electronic Signature of Signing Officer or Director

_____ Date