2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # M90847 1. Entity Name FORENSIC COMMUNICATION ASSOCIATES, INC.			Secretary of State	
Principal Place of Business 229 SW 43 TERR. GAINESVILLE FL 32607 US	Mailing Address POST OFFICE BOX 1: UNIVERSITY STATION GAINESVILLE FL 326 US	N		
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc. Suite, Apt. #, etc.			MOORE CR2E034 (11/03)	
City & State	City & State		FG_2G[12 AGE	ed For pplicable
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Addition Fee Required	nal
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent	
HOLLIEN, PATRICIA 229 SW 43 TERRACE		Street Address	(P.O. Box Number is Not Acceptable)	
GAINESVILLE FL 32607				
		City	FL Z _Q Code	
 The above named entity submits this statement to the obligations of registered agent. 	or the purpose of changing its	s registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and	d accept
SIGNATURE	and life 4 applicable (NO	TE. Registered Agent signature require	ed when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department o	f State		9. Election Campaign Financing \$5.00 r Trust Fund Contribution.	
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	111
TITLE PD NAME HOLLIEN, PATRICIA A. STREET ADDRESS 229 S.W. 43RD TERRACE CITY-ST-ZIP GAINESVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	© Change © U00000026338 02/03/04-80002-018 150.00	Addition
TITLE SCV NAME HOLLIEN, HARRY STREET ADDRESS 229 SW 43 TERR CITY-ST-ZIP GAINESVILLE FL 32607	☐ Delete	TITLE NAME STREET AGORESS CITY-ST-CIP	☐ Change E	Addition
TTILE NAME STREET ADDRESS CITY-SY-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐	_] Addition
TITLE NAME STRELT ADDRESS CITY-ST-ZIP	☐ Detete	TITLE NAME STREET ADDRESS CIFY-ST-ZIP	☐ Change {	Adoition
NTLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	☐ Change [Addition
TITLE NAME STREET ADDRESS GITY - ST - ZIP	☐ Delete	THE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change E	☐ Addītion
12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emprichanged, or on an attachment with an address. SIGNATURE:	n this filing does not qualify to strue and accurate and that owered to execute this repor with all other like empowerso	or the exemption stated in 5 my signature shall have the t as required by Chapter 60 1.	Section 119.07(3)(i), Florida Statutes. I further certify that the Inforest same legal effect as if made under oath; that I am an officer or 17, Florida Statutes, and that my name appears in Block 10 or Bit 150 - 04 352-377-862	

FILED