2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000056726

Title:

Name:

Address:

City-St-Zip:

Entity Name: MIKSCH & COMPANY, CPA, P.A.

FILED Feb 12, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4615 GULF BLVD. 4615 GULF BLVD. SUITE 201 SUITE 201 SAINT PETERSBURG BEACH, FL 33706 ST. PETE BEACH, FL 33706 **Current Mailing Address: New Mailing Address:** 4615 GULF BLVD. 4615 GULF BLVD. SUITE 201 SUITE 201 SAINT PETERSBURG BEACH, FL 33706 ST. PETE BEACH, FL 33706 FEI Number: 59-3653607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MIKSCH, DIANE 4615 GULF BLVD. SUITE 201 ST. PETE BEACH, FL 33706 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MIKSCH, DIANE Name: Name: MIKSCH, DIANE 249 43RD AVE 249 43RD AVE Address: Address: City-St-Zip: SAINT PETERSBURG BECH, FL 33706 City-St-Zip: ST. PETE BEACH, FL 33706 Title: VD Title: () Delete () Change () Addition Name: NEWMAN, KEITH Name: 3535 1ST AVE N Address: Address: SAINT PETERSBURG, FL 337138401 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition LARSON, KAREN Name: Name: 4615 GULF BLVD., SUITE 201 Address: Address: City-St-Zip: ST. PETE BEACH, FL 33706 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DIANE MIKSCH PRES 02/12/2004

() Delete

MARGARITIS, DOROTHY

4615 GULF BLVD., SUITE 201

ST. PETE BEACH, FL 33706

() Change () Addition