

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90071 030 ***150.00

DOCUMENT # P03000055227

1. Entity Name
COMPCLINRESEARCH INCORPORATED



Principal Place of Business
3306 US HIGHWAY 19 NORTH
SUITE B
HOLIDAY, FL 34691

Mailing Address
3306 US HIGHWAY 19 NORTH
SUITE B
HOLIDAY, FL 34691

94007321



01202004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
11445 RIDDLE DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
11445 RIDDLE DRIVE
 Suite, Apt. #, etc.

City & State
SPRING HILL FL

City & State
SPRING HILL FL

Zip Country
34609 USA

Zip Country
34609 USA

4. FEI Number
92-0194173

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301-0000

7. Name and Address of New Registered Agent

Name
EMILY J. HANKINS

Street Address (P.O. Box Number is Not Acceptable)
11445 RIDDLE DRIVE

City
SPRING HILL FL Zip Code
34609

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: *Emily J. Hankins* (NOTE: Registered Agent signature required when reinstating) DATE: *1-27-04*

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIERS, DON 95 LANDFALL CIRCLE SAVANNAH, GA 31410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T HIERS, BURNEY D. 95 LANDFALL CIRCLE SAVANNAH, GA 31410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P HANKINS, EMILY J. 11445 RIDDLE DRIVE SPRING HILL, FL 34609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Emily J. Hankins* **Emily J. Hankins** DATE: *1-27-04*