


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

8. **FILED**  
**Aug 26, 2004 8:00 am**  
**Secretary of State**

08-06-2004 90006 015 \*\*\*150.00

**DOCUMENT # P03000077520**

1. Entity Name  
**DWBUS & ASSOC., INC.**



Principal Place of Business  
**3000 CAREFREE BLVD #E-19  
 NORTH MYERS, FL 33917**

Mailing Address  
**3000 CAREFREE BLVD #E-19  
 NORTH MYERS, FL 33917**

**66432603**



2. Principal Place of Business  
**14000 WEST HYDE PARK DR, SUITE #101  
 FORT MYERS, FL**

3. Mailing Address  
**14000 WEST HYDE PARK DRIVE  
 SUITE #101  
 FORT MYERS, FL**

07272004 Chg-P CR2E034 (10/03)

City & State  
**FORT MYERS, FL**

4. FEI Number  
**65-0991774**

Applied For  
 Not Applicable

Zip **33912** Country **USA**

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

6. Name and Address of Current Registered Agent:  
**WEISSMAN-BERMAN, DEBORAH  
 3000 CAREFREE BLVD #E-19  
 NORTH MYERS, FL 33917**

7. Name and Address of New Registered Agent  
 Name **John F. Bradley**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1215 E. Broward Blvd., Suite 200**  
 City **Ft. Lauderdale** State **FL** Zip Code **33301**

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  DATE **7/27/04**

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when missing)

**FILE NOW!! FEB IS \$150.00  
 Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

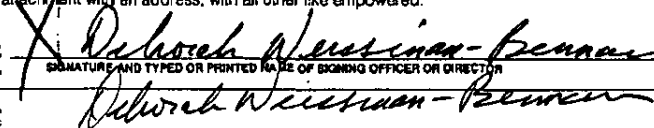
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>President</b>	<b>Weissman-Berman, Deborah</b>	<b>14000 W. Hyde Park Dr., #101</b>	<b>Ft. Myers, FL 33912</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE **Aug 2, 2004** DAYTIME PHONE # **239-337-1471**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Deborah Weissman-Berman** **Aug 23, 2004** **239-337-1471**