2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000040257

P O BOX 757

PLANT CITY, FL 33564

Address:

City-St-Zip:

Entity Name: ATRIAN CIEFORD & ARROCIATI

FILED Apr 28, 2004 Secretary of State

Entity Name: ATSUN, GIFFORD & ASSOCIATES, INC. **Current Principal Place of Business: New Principal Place of Business:** 3711 TREELINE DRIVE VALRICO, FL 33594 **Current Mailing Address: New Mailing Address:** P O BOX 1798 PLANT CITY, FL 33564 FEI Number: 59-3378696 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: GIFFORD, DAVID R 3711 TREÉLINE DRIVE VALRICO, FL 33594 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: () Change () Addition GIFFORD, DAVID R Name: Name: 3711 TREELINE DRIVE Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: () Delete Title: Title: () Change () Addition Name: HURSEY, DONALD W 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 R GIFFORD DP 04/28/2004