

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000077112

**FILED
Feb 02, 2004
Secretary of State**

Entity Name: CRONK, DUCH, MILLER & ASSOCIATES, INC.

Current Principal Place of Business:

200 WHARFSIDE WAY
SUITE 200
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

9995 GATE PARKWAY N
SUITE 250
JACKSONVILLE, FL 32246 US

Current Mailing Address:

200 WHARFSIDE WAY
SUITE 200
JACKSONVILLE, FL 32207 US

New Mailing Address:

9995 GATE PARKWAY N
SUITE 250
JACKSONVILLE, FL 32246 US

FEI Number: 59-3531626 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TEN BISHOP SHOP
50 N LAURA ST
JACKSONVILLE, FL 32203 US

Name and Address of New Registered Agent:

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:

Title: VD () Delete
Name: CRONK, JOSEPH S
Address: 200 WHARFSIDE WAY, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32207

Title: PD () Delete
Name: DUCH, CLIFFORD G
Address: 200 WHARFSIDE WAY SUITE 200
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: CRONK, JOSEPH S
Address: 9995 GATE PARKWAY N, SUITE 250
City-St-Zip: JACKSONVILLE, FL 32246

Title: PD (X) Change () Addition
Name: DUCH, CLIFFORD G
Address: 9995 GATE PARKWAY N, SUITE 250
City-St-Zip: JACKSONVILLE, FL 32246

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: CLIFFORD G DUCH

PD

02/02/2004

Electronic Signature of Signing Officer or Director

_____ Date