

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 524647

FILED  
Feb 12, 2004  
Secretary of State

Entity Name: E. W. SIVER AND ASSOCIATES, INC.

## Current Principal Place of Business:

9400 FOURTH ST. N.  
P.O. BOX 21343  
ST. PETERSBURG, FL 33702

## Current Mailing Address:

9400 FOURTH ST. N.  
P.O. BOX 21343  
ST. PETERSBURG, FL 33702

## New Principal Place of Business:

9400 FOURTH ST. N.  
#119  
ST. PETERSBURG, FL 33702

## New Mailing Address:

9400 FOURTH ST. N.  
#119  
ST. PETERSBURG, FL 33702

FEI Number: 59-1712226

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ERICKSON, GEORGE W  
9400 4TH ST N #119  
ST PETERSBURG, FL 33702 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: PD ( ) Delete  
Name: MARSHALL, JAMES JR  
Address: 9400 4TH ST N  
City-St-Zip: ST PETERSBURG, FL

Title: D ( ) Delete  
Name: SIVER, ROBERT I  
Address: 114 GIRALDA BLVD. N.E.  
City-St-Zip: ST PETERSBURG, FL

Title: VTSD ( ) Delete  
Name: ERICKSON, GEORGE W  
Address: 9400- 4TH STREET NORTH #119  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: V ( ) Delete  
Name: SADLER, BRENDA  
Address: 9400 4TH STREET NORTH  
City-St-Zip: ST PETERSBURG, FL 33702

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
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: GEORGE W. ERICKSON

VTSD

02/12/2004

Electronic Signature of Signing Officer or Director

Date