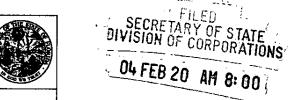
2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 295480 1. Entity Name **TEQUESTA AGENCY INC** Principal Place of Business Mailing Address 218 S US HWY ONE 218 S US HWY ONE STE 300 STE 300 TEQUESTA, FL 33469-3098 US TEQUESTA, FL 33469-3098 US





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4. FEI Number 59-1112689

01282004

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent KASTEN, MARK

No Chg-P

	HWY ONE TA, FL 33469		IN THIS SPACE								
The above the obligation	named entity submits this statement for the pitions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept						
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	d Agent signature	required when reinstating) ~	DATE						
FIL After M:	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees							
10.	OFFICERS AND DIREC	TORS									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MARTYN III,CHARLES P 5332 PENNOCK POINT ROAD JUPITER, FL			3 02/2	00029323893 4/0401050025 **150.00						
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VD KASTEN, MARK. J 10460 SE SILVER PALM WAY TEQUESTA, FL										
NAME STREET ADDRESS CITY-ST-ZIP	VD HUTCHINSON, TODD P 248 BARBADOS DRIVE JUPITER, FL 33477	· · ·		DO	NOT WRITE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SULLIVAN, PATRICIA W 3770 SW SUNSET TRACE CR. PALM CITY, FL 34990			IN 7	THIS SPACE						
TITLE Name Street address City-St-Zip											

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 trystee 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:

TITLE NAME STREET ADDRESS