## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 343659** 

Entity Name: WAKELY AND ASSOCIATES INC.

FILED Jan 06, 2004 Secretary of State

The state of the s						
Current Principal Place of Business:				New Principal Place of Business:		
SUITE 1100 33 NORTH GARDEN AVENUE CLEARWATER, FL 337556606						
Current Mailing Address:				New Mailing Address:		
SUITE 1100 33 NORTH GARDEN AVENUE CLEARWATER, FL 337556606						
FEI Number: 59-1235891 FEI Number Applied For ( ) FEI Number			mber Not Applicable ( ) Certificate of Status Desired (X)			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
ANTHONY, JOHN J 33 NORTH GARDEN AVE #100 CLEARWATER, FL 33755 US				GOLD, AARON J 704 WEST STREET TAMPA, FL 33606 US		
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: AARON J. GOLD				01/06/2004		
Electronic Signature of Registered Agent Date						
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () I GORDON, RICK 59 WILDERNES WHITE, GA 301	S CAMP RD.		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition
Title: Name: Address: City-St-Zip:	VSD () I BISCOGLIA, RAY 524 BELLE ISLE BELLEAIR BEAC	AVENUE		Title: Name: Address: City-St-Zip:	VSD (X) BISCOGLIA, RA 524 BELLE ISL BELLEAIR BEA	E AVENUE
Title: Name: Address: City-St-Zip:	PTD () [ ANTHONY, JOHN 1550 GULF BLVI BELLEAIR BEAC	D .		Title: Name: Address: City-St-Zip:	PCD (X) ANTHONY, JOH 1580 GULF BL\ BELLEAIR SHO	/D
Title: Name: Address: City-St-Zip:	D () I MORROW, ROB 347 MT. ALTO R ROME, GA 3016	D. SW		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition
Title: Name: Address: City-St-Zip:	V ()[ SAMPLES, WAL' 307 BUTTONWO LARGO, FL 337	OD LANE		Title: Name: Address: City-St-Zip:	V (X) SAMPLES, WAI 1818 HARBOR LARGO, FL 33	CIRCLE WEST
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	STD () PRICE, DOUGL 2819 SABER DI CLEARWATER,	RIVE

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: JOHN J. ANTHONY PCD 01/06/2004