


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 370950 1. Entity Name ECONOMETRICS CORPORATION	
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Principal Place of Business 1555 WILBAR CIRCLE PO BOX 1515 (ZIP 32790) WINTER PARK, FL 32789	Mailing Address 1555 WILBAR CIRCLE PO BOX 1515 (ZIP 32790) WINTER PARK, FL 32789
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01072004 No Chg-F CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1405193	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KESSLER, MARTIN D
1555 WILBAR CIRCLE
WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

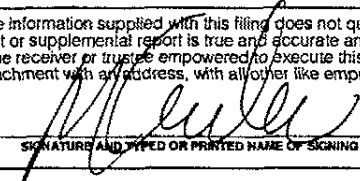
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KESSLER, MARTIN D 1555 WILBAR CIRCLE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KESSLER, MARTIN D 1555 WILBAR CIRCLE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENNETT, JOAN H 1555 WILBAR CRCL. WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EVANS, E. KIM 1555 WILBAR CIRCLE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/13/04-80068-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 trustee 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:  MARTIN KESSLER 1-7-2004 407-645-3113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #