


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 397755
 1. Entity Name
FEHLHABER ASSOCIATES, INC.



Principal Place of Business Mailing Address
 2020 W. MCNAB ROAD 2020 W. MCNAB ROAD
 S 101 S 101
 FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1384686 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent
FEHLHABER, ROBERT F.
2020 W. MCNAB ROAD
FT. LAUDERDALE, FL 33309

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 registering)

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-STATE-ZIP	PT FEHLHABER, ROBERT F. 2020 W. MCNAB ROAD FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S EATON, LILA A. 2020 W MCNAB ROAD FT. LAUDERDALE, FL
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 01/28/04-80079-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 persons empowered.

SIGNATURE: *Robert F. Fehlhaver (President)* 1/20/04 954.411.3859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #