

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 423118**

1. Entity Name  
**SQUIRES BINGHAM INTERNATIONAL, INC.**



Principal Place of Business  
**1840 BALDWIN AVE.  
#10  
ROCKLEDGE, FL 32955**

Mailing Address  
**1840 BALDWIN AVE.  
#10  
ROCKLEDGE, FL 32955**



04022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1553273</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**KIRSCHNER, NEAL A.  
1840 BALDWIN AVE  
#10  
ROCKLEDGE, FL 32955**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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**

11000000109103

04/12/04-80030-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	KIRSCHNER, NEAL A
STREET ADDRESS	1840 BALDWIN AVE#10
CITY-ST-ZIP	ROCKLEDGE, FL 32955

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 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:** Neal A. Kirschner Neal A. Kirschner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-04

Date

321-636-3376

Daytime Phone #