

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 438337

FILED
Apr 14, 2004
Secretary of State

Entity Name: WILLIAM H. SHANK & ASSOCIATES, INC.

Current Principal Place of Business:

1104 OSCEOLA ST
P.O. BOX 5744
JACKSONVILLE, FL 32247

New Principal Place of Business:

Current Mailing Address:

1104 OSCEOLA ST
P.O. BOX 5744
JACKSONVILLE, FL 32247

New Mailing Address:

FEI Number: 59-1539887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHANK, WILLIAM H.
1104 OSCEOLA ST
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SHANK, TERESA,
Address: 1104 OSCEOLA ST
City-St-Zip: JACKSONVILLE, FL

Title: STD () Delete
Name: JOHNS, KAREN S.,
Address: 1104 OSCEOLA ST.
City-St-Zip: JACKSONVILLE, FL

Title: PD () Delete
Name: SHANK, WILLIAM H
Address: 1104 OSECOLA ST
City-St-Zip: JACKSONVILLE, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD () Change (X) Addition
Name: SMITH-SHANK, GLENDA
Address: 1104 OSCEOLA STREET
City-St-Zip: JACKSONVILLE, FL 32204

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: GLENDA SMITH-SHANK

VPD

04/14/2004

Electronic Signature of Signing Officer or Director

Date