


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 452788</b> 1. Entity Name <b>LONG &amp; ASSOCIATES ENGINEERS/ARCHITECTS, INC.</b>	
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Principal Place of Business <b>4525 S MANHATTAN AVE TAMPA, FL 33611</b>	Mailing Address <b>4525 S MANHATTAN AVE TAMPA, FL 33611</b>
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01082004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1535380</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LONG, H.M., JR. 8303 DOUBLE BRANCH RD TAMPA, FL 33635</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000028610</b> <b>02/04/04-80031-025 158.75</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LONG, H.M., JR. 8303 DOUBLE BRANCH RD TAMPA, FL 33635
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VOIGTMANN, ORIS L. 5225 TRAPNELL ROAD DOVER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WASKO, CURTIS R 8717 IMPERIAL COURT TAMPA, FL 33635
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LONG, ALEXANDER 2117 UNIVERSITY CT CLEARWATER, FL 33764
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:**  **Harry M. Long, Jr., President** **2-2-04 813-839-0506**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #