


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 453695			
1. Entity Name AYRES, CLUSTER, CURRY, MCCALL, COLLINS & FULLER, P.A.			
Principal Place of Business 21 NE FIRST AVE OCALA FL 34470 US		Mailing Address P O BOX 1148 OCALA FL 34478 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CURRY, LANDIS V. JR. 21 NORTHEAST FIRST AVENUE OCALA FL 34470		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
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 _____	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLUSTER, EDWIN C.	NAME	
STREET ADDRESS	21 N.E. 1ST AVE.	STREET ADDRESS	U00000022697
CITY-ST-ZIP	OCALA FL	CITY-ST-ZIP	01/30/04-80055-003 150.00
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRY, LANDIS V JR	NAME	
STREET ADDRESS	21 N.E. 1ST AVE.	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALL, WAYNE C.	NAME	
STREET ADDRESS	21 N.E. 1ST AVE.	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, JOHN B	NAME	
STREET ADDRESS	21 N.E. 1ST AVE.	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, JAMES E.	NAME	
STREET ADDRESS	21 N.E. 1ST AVE.	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAWAY, III, LAWRENCE C	NAME	
STREET ADDRESS	21 N.E. 1ST AVENUE	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	CITY-ST-ZIP	



MOORE CR2E034 (11/03)

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: *Landis V. Curry* 1/23/04 352-351-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR