

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 515268

FILED
Mar 11, 2004
Secretary of State

Entity Name: W. DEXTER BENDER & ASSOCIATES, INC.

Current Principal Place of Business:

2052 VIRGINIA AVE.
FT. MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

2052 VIRGINIA AVE.
FT. MYERS, FL 33901 US

New Mailing Address:

FEI Number: 59-1694126 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOFFACKER, V. ALLEN
2052 VIRGINIA AVE.
FT. MYERS, FL 33901 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: PD () Delete
Name: HOFFACKER, V. ALLEN,
Address: 2052 VIRGINIA AVE.
City-St-Zip: FT. MYERS, FL 33901 US

Title: VP () Delete
Name: THOMAS, FRASER
Address: 2052 VIRGINIA AVE.
City-St-Zip: FT. MYERS, FL 33901

Title: TD () Delete
Name: TYLER, KING C
Address: 2052 VIRGINIA AVENUE
City-St-Zip: FT MYERS, FL

Title: SD () Delete
Name: DUMLA, PAUL K
Address: 2052 VIRGINIA AVENUE
City-St-Zip: FT MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOFFACKER, V. A PRES.
Address: 2052 VIRGINIA AVE.
City-St-Zip: FT. MYERS, FL 33901 US

Title: VP (X) Change () Addition
Name: FRASER, THOMAS F V.P.
Address: 2052 VIRGINIA AVE.
City-St-Zip: FT. MYERS, FL 33901

Title: TD (X) Change () Addition
Name: KING, TYLER C TREAS
Address: 2052 VIRGINIA AVENUE
City-St-Zip: FT MYERS, FL

Title: SD (X) Change () Addition
Name: OWEN, PAUL K
Address: 2052 VIRGINIA AVENUE
City-St-Zip: FT MYERS, FL

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: V. A. HOFFACKER

PD

03/11/2004

Electronic Signature of Signing Officer or Director

_____ Date