

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 561979

FILED
Apr 28, 2004
Secretary of State

Entity Name: THE ANSPACH EFFORT, INC.

Current Principal Place of Business:

4500 RIVERSIDE DRIVE
PALM BCH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

4500 RIVERSIDE DRIVE
PALM BEACH GARDENS, FL 334104309 US

New Mailing Address:

FEI Number: 59-1804024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, KIM A
1900 PHILLIPS POINT WEST
777 SOUTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401 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: C () Delete
Name: ANSPACH, WILLIAM E. JR
Address: 4500 RIVERSIDE DRIVE
City-St-Zip: PALM BCH GARDENS, FL 33410 US

Title: D () Delete
Name: MCGARRITY, AMY A.
Address: 4500 RIVERSIDE DRIVE
City-St-Zip: PALM BCH GARDENS, FL 33410 US

Title: CEO () Delete
Name: WACHTER, WILLIAM H.
Address: 4500 RIVERSIDE DRIVE
City-St-Zip: PALM BCH GARDENS, FL 33410 US

Title: D () Delete
Name: ANSPACH, III, W. E.,
Address: 4500 RIVERSIDE DRIVE
City-St-Zip: PALM BCH GARDENS, FL 33410 US

Title: VS () Delete
Name: BEERS, ELAINE K.
Address: 4500 RIVERSIDE DRIVE
City-St-Zip: PALM BCH GARDENS, FL 33410 US

Title: P () Delete
Name: MCGARRITY, CHARLES E.
Address: 4500 RIVERSIDE DRIVE
City-St-Zip: PALM BCH GARDENS, FL 33410 US

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

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

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

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: ELAINE K. BEERS

VS

04/28/2004

Electronic Signature of Signing Officer or Director

_____ Date