


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90007 016 \*\*\*150.00

<b>DOCUMENT # 601076</b>		
1. Entity Name <b>SPIELVOGEL AND GOLDMAN, P.A.</b>		

Principal Place of Business <b>4275 HILLVIEW CIR MERRITT ISLAND, FL 32952 US</b>	Mailing Address <b>C/O JOHN G. ESTOCK 9800 FOURTH ST., N., STE 300 SAINT PETERSBURG, FL 33702 US</b>
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**44007035**



2. Principal Place of Business <b>8401 N. Atlantic Avenue, Apt. #A2 Cape Canaveral, FL 32920</b>	3. Mailing Address Suite, Apt. #, etc. City & State
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01222004 Chg-P CR2E034 (10/03)

Zip	Country	Zip	Country
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4. FEI Number <b>59-1263736</b>	Applied For <input type="checkbox"/> Not Applicable
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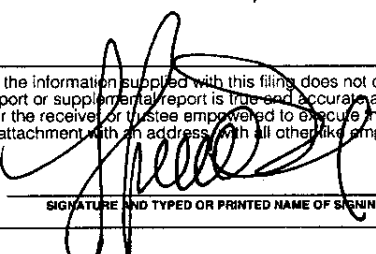
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>SPIELVOGEL, LEONARD 4275 HILLVIEW CIR MERRITT ISLAND, FL 32952</b>	7. Name and Address of New Registered Agent <b>Mr. Leonard Spielvogel 8401 N. Atlantic Avenue, Apt. #A2 Cape Canaveral, FL 32920</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	DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPIELVOGEL, LEONARD 4275 HILLVIEW CIR MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8401 N. Atlantic Avenue, Apt. #A2 Cape Canaveral, FL 32920 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDMAN, PAUL M 8240 DEVEREUX DR., #100 MELBOURNE, FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GOLDMAN, PAUL M 8240 DEVEREUX DR., #100 MELBOURNE, FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	2/2/04 321-5362987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #