

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 648842

FILED
Apr 04, 2004
Secretary of State

Entity Name: GOULISH & ASSOCIATES, INC.

Current Principal Place of Business:

272 OLD EAST LAKE RD
TARPON SPRINGS, FL 34688

New Principal Place of Business:

Current Mailing Address:

272 OLD EAST LAKE RD
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 59-1945699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOULISH, GERALD P
272 OLD E LAKE RD
TARPON SPRINGS, FL 33589 US

Name and Address of New Registered Agent:

GOULISH, GERALD P
272 OLD E LAKE RD
TARPON SPRINGS, FL 34688 US

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

04/04/2004

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOULISH, GERALD,
Address: 272 OLD EAST LAKE RD
City-St-Zip: TARPON SPRGS, FL 00000,

Title: STD () Delete
Name: GOULISH, SHARON,
Address: 272 OLD EAST LAKE RD
City-St-Zip: TARPON SPRGS, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SHARON GOULISH

STD

04/04/2004

Electronic Signature of Signing Officer or Director

Date