

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004439

FILED
Jan 07, 2004
Secretary of State

Entity Name: AUGUSTON & ASSOCIATES, INC.

Current Principal Place of Business:

1010 SOUTH OCEAN BLVD
SUITE 601
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

1010 SOUTH OCEAN BLVD
SUITE 601
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 93-0738270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTELL, SERA
110 N OCEAN BLVD
POMPANO BEACH, FL 33062

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: P () Delete
Name: AUGUSTON-KOPPEN, GAIL
Address: 1010 SOUTH OCEAN BLVD SUITE 601
City-St-Zip: POMPANO BEACH, FL 33062

Title: V () Delete
Name: KOPPEN, EDWARD
Address: 1010 SOUTH OCEAN BLVD SUITE 601
City-St-Zip: POMPANO BEACH, FL 33062

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: GAIL AUGUSTON-KOPPEN

P

01/07/2004

Electronic Signature of Signing Officer or Director

_____ Date