## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000005132

Title:

Name: Address:

City-St-Zip:

SD

() Delete

HANCOCK, JOHN H

GLEN ALLEN, VA

4198 COX ROAD, STE 110

Entity Name: STROUD, PENCE & ASSOCIATES LTD, INC.

FILED Jul 13, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 204A GRAYSON RD VIRGINIA BEACH, VA 23462 **Current Mailing Address: New Mailing Address:** 204A GRAYSON RD VIRGINIA BEACH, VA 23462 FEI Number: 54-1095087 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PCD () Delete () Change () Addition STROUD, ROGER G Name: Name: 204A GRAYSON RD Address: Address: City-St-Zip: VIRGINIA BEACH, VA City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: PENCE JR. EDWARD W Name: 204A GRAYSON RD Address: Address: VIRGINIA BEACH, VA City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition MYKINS, DAVID M Name: Name: 3803B COMPUTER DR., STE.204 Address: Address: City-St-Zip: RALEIGH, NC 27609 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROGER G. STROUD PCD 07/13/2004

() Change () Addition