

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003537

FILED
Mar 10, 2004
Secretary of State

Entity Name: SR ANTHONY AND ASSOCIATES, INC.

Current Principal Place of Business:

1624 E. SUNRISE BLVD.
FT. LAUDERDALE, FL 33304

New Principal Place of Business:

1600 E. SUNRISE BLVD.
FT. LAUDERDALE, FL 33304

Current Mailing Address:

1624 E. SUNRISE BLVD.
FT. LAUDERDALE, FL 33304

New Mailing Address:

1600 E. SUNRISE BLVD.
FT. LAUDERDALE, FL 33304

FEI Number: 25-1817299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTHONY, SAMUEL R
1624 E. SUNRISE BLVD.
FT. LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

ELGIDELY, BOB ESQ
1624 E. SUNRISE BLVD.
FT. LAUDERDALE, FL 33304 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: BOB ELGIDELY

03/10/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: ANTHONY, SAMUEL RAY
Address: 1624 E. SUNRISE BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: S (X) Delete
Name: ANTHONY, ERIC
Address: 2 ALLEGHENY COUNTY AIRPORT
City-St-Zip: WEST MIFFLIN, PA 15122

Title: T () Delete
Name: ANTHONY, NATALIE
Address: 2 ALLEGHENY COUNTY AIRPORT
City-St-Zip: WEST MIFFLIN, PA 15122

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:

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: SAMUEL RAY ANTHONY

PRES

03/10/2004

Electronic Signature of Signing Officer or Director

Date