

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002707

FILED  
Jun 14, 2004  
Secretary of State

Entity Name: FAILE & ASSOCIATES, INC.

**Current Principal Place of Business:**

4020 EAST 12TH AVE.  
TAMPA, FL 33605

**New Principal Place of Business:**

**Current Mailing Address:**

4020 EAST 12TH AVE.  
TAMPA, FL 33605

**New Mailing Address:**

FEI Number: 51-0457852

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FAILE, JIM  
4020 EAST 12TH AVE.  
TAMPA, FL 33605

**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: CPS ( ) Delete  
Name: FAILE, JIM  
Address: 4020 EAST 12TH AVE.  
City-St-Zip: TAMPA, FL 33605

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CPS ( ) Change (X) Addition  
Name: HAYDEN, JAMES  
Address: 4020 EAST 12TH AVE.  
City-St-Zip: TAMPA, FL 33605

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: JIM FAILE

CPS

06/14/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date