


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000004176	
1. Entity Name NEVILLE-STRASS ASSOCIATES, INC.	

Principal Place of Business 7426 APRELLE DRIVE SANFORD, FL 32771	Mailing Address 5224 WEST STATE ROAD 46 SANFORD, FL 32771-9230
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04142004 No Chg-P CR2E034 (10/03)

4. FEI Number 54-1808195	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NEVILLE, CARLTON F 7426 APRELLE DRIVE SANFORD, FL 32771

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP STRASS, STEPHANIE A 5224 WEST STATE ROAD 46 SANFORD, FL 327719230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CST NEVILLE, CARLTON F 5224 WEST STATE ROAD 46 SANFORD, FL 327719230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILAN, BARBARA 134 WRIGHTWOOD PLACE STERLING, VA 20164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000121601 04/20/04-80060-009 150.00
DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Carlton F. Neville</u> CARLTON F. NEVILLE <u>April 14, 2004</u> <u>(407) 330-3436</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>