

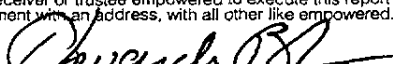


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F06778</b>		
1. Entity Name <b>BECKERT, PRICE AND ROWSE, PROFESSIONAL ASSOCIATION</b>		
Principal Place of Business <b>525 POPE AVE. N.W. POB 9087 WINTER HAVEN, FL 33881 US</b>		Mailing Address <b>P.O. BOX 9087 POB 9087 WINTER HAVEN, FL 33883 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		
04102004 No Chg-P CR2E034 (10/03)		
4. FEI Number <b>59-2035495</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>BECKERT, HOWARD M JR 525 POPE AVE. N.W. WINTER HAVEN, FL 33881</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when retesting) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000112044 04/14/04-80008-001 150.00
TITLE	DS	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	PRICE, R GARY	
STREET ADDRESS	525 POPE AVE. N.W.	
CITY-ST-ZIP	WINTER HAVEN, FL 00000,	
TITLE	DP	
NAME	BECKERT JR, HOWARD M	
STREET ADDRESS	1326 L OTIS DR N	
CITY-ST-ZIP	WINTER HAVEN, FL 00000,	
TITLE	DT	
NAME	ROWSE, WILLIAM A JR	
STREET ADDRESS	404 LAKE SHORE DRIVE	
CITY-ST-ZIP	POLK CITY, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  Pres.		4/10/03 863-299-5638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #