

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11493

FILED  
Jun 09, 2004  
Secretary of State

**Entity Name:** COLLINSWORTH, ALTER, FOWLER, DOWLING & FRENCH GROUP, INC.

**Current Principal Place of Business:**

5979 N.W. 151ST ST., SUITE 105  
P.O. BOX 9315  
MIAMI LAKES, FL 330149315 US

**New Principal Place of Business:**

**Current Mailing Address:**

5979 N.W. 151ST ST., SUITE 105  
P.O. BOX 9315  
MIAMI LAKES, FL 330149315 US

**New Mailing Address:**

**FEI Number:** 59-2053159

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOWLING, LYNN  
5979 N.W. 151ST STREET  
SUITE 105  
MIAMI LAKES, FL 33014 US

**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: PD ( ) Delete  
Name: COLLINSWORTH, W MEAD, E  
Address: 5979 N W 151 STR., #105  
City-St-Zip: MIAMI LKS, FLORIDA 3,

Title: SD ( ) Delete  
Name: DOWLING, LYNN,  
Address: 5979 N W 151 STR., #105  
City-St-Zip: MIAMI LKS, FLORIDA 0,

Title: TD ( ) Delete  
Name: ALTER, DAVID I,  
Address: 5979 N W 151 STR., #105  
City-St-Zip: MIAMI LKS, FLORIDA 3,

Title: VP ( ) Delete  
Name: FOWLER, LEE R.,  
Address: 5979 NW 151 STREET #105  
City-St-Zip: MIAMI LAKES, FL

**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:

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: LYNN DOWLING

S

06/09/2004

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

\_\_\_\_\_  
Date