


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90052 024 ***158.75

DOCUMENT # F32131			
1. Entity Name LONE & ASSOCIATES INC.			
Principal Place of Business 4300 N. UNIVERSITY DRIVE, STE. E-207 FORT LAUDERDALE, FL 33351 US		Mailing Address 4300 N. UNIVERSITY DRIVE, STE. E-207 FORT LAUDERDALE, FL 33351 US	
2. Principal Place of Business 6420 Northwest Fifth Way		3. Mailing Address 6420 Northwest Fifth Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Lauderdale, FL 33309		City & State Fort Lauderdale, FL 33309	
Zip	Country	Zip	Country
		4. FEI Number 59-2090477	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LONE, JOANN 4300 N. UNIVERSITY DRIVE, STE. E-207 FORT LAUDERDALE, FL 33351		7. Name and Address of New Registered Agent Name Lone, JoAnn Street Address (P.O. Box Number is Not Acceptable) 6420 Northwest Fifth Way City Fort Lauderdale FL Zip Code 33309	
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 <i>JoAnn Lone (Address change only)</i> DATE <i>1/6/04</i> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consistency.)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONE, WILLIAM F 4300 N. UNIVERSITY DRIVE, STE. E-207 FORT LAUDERDALE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Lone, William F 6420 Northwest Fifth Way Fort Lauderdale, FL 33309 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST LONE, JOANN 4300 N. UNIVERSITY DRIVE, STE. E-207 FORT LAUDERDALE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D/S/T Lone, JoAnn 6420 Northwest Fifth Way Fort Lauderdale, FL 33309 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LONE, WILLIAM F JR. 4300 N. UNIVERSITY DRIVE, STE. E-207 FORT LAUDERDALE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Lone, William F Jr. 6420 Northwest Fifth Way Fort Lauderdale, FL 33309 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LONE, SHERRI 4300 N. UNIVERSITY DRIVE, STE. E-207 FORT LAUDERDALE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Lone, Sherri 6420 Northwest Fifth Way Fort Lauderdale, FL 33309 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>JoAnn Lone - JoAnn Lone</i>		Jan. 6, 2004 954-772-9020	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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01062004 Chg-P CR2E034 (10/03)