


2004 ANNUAL REPORT

For

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90284 015 \*\*\*150.00

<b>DOCUMENT # F93000004972</b>			
<b>1. Entity Name</b> SHKORDOFF ROTRUCK & ASSOCIATES, INC.			
<b>Principal Place of Business</b> STE. 110, 312 EAST VENICE AVE. VENICE, FL 34292		<b>Mailing Address</b> STE. 110, 312 EAST VENICE AVE. VENICE, FL 34292	
<b>2. Principal Place of Business</b> 1389 VERMEER DR Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1389 VERMEER DR. Suite, Apt. #, etc.	
<b>City &amp; State</b> Nokomis FL.		<b>City &amp; State</b> Nokomis FL.	
<b>Zip</b> 34275	<b>Country</b> USA	<b>Zip</b> 34275	<b>Country</b> USA
<b>6. Name and Address of Current Registered Agent</b> SHKORDOFF, THOMAS STE. 110, 312 EAST VENICE AVE. VENICE, FL 34292		<b>7. Name and Address of New Registered Agent</b> Name: SHKORDOFF THOMAS Street Address (P.O. Box Number is Not Acceptable): 1389 VERMEER DR. City: NOKOMIS FL Zip Code: 34275	



04262004 Chg-P CR2E034 (10/03)

4. FEI Number: 25-1444884 Applied For: Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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: *Thomas Shkordoff* THOMAS SHKORDOFF DATE: APRIL 26/04

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PT	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SHKORDOFF, THOMAS		NAME:	
STREET ADDRESS: 1389 VERMEER DR.		STREET ADDRESS:	
CITY-ST-ZIP: NOKOMIS, FL 34275		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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: *Thomas Shkordoff* THOMAS SHKORDOFF PRES. April 26/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Gateway Phone #