

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G79558

FILED
Apr 28, 2004
Secretary of State

Entity Name: DR. DAVID E. FLINCHBAUGH & ASSOCIATES, P.A.

Current Principal Place of Business:

4855 BIG OAKS
C/O LANE
ORLANDO, FL 32806

New Principal Place of Business:

4855 BIG OAKS LANE
ORLANDO, FL 32806

Current Mailing Address:

% DR. DAVID E. FLINCHBAUGH
822 E. WALLACE STREET
ORLANDO, FL 32809

New Mailing Address:

% DR. DAVID E. FLINCHBAUGH
4855 BIG OAKS LANE
ORLANDO, FL 32806

FEI Number: 59-3439113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLINCHBAUGH, DAVID E. (DR.)
4855 BIG OAKS LANE
ORLANDO, FL 32806 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: PTD () Delete
Name: FLINCHBAUGH, DAVID E. .
Address: 4855 BIG OAKS LANE
City-St-Zip: ORLANDO, FL

Title: VSD () Delete
Name: FLINCHBAUGH, HEIDI M. .
Address: 4855 BIG OAKS LANE
City-St-Zip: ORLANDO, FL

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: FLINCHBAUGH, DAVID E. .
Address: 4855 BIG OAKS LANE
City-St-Zip: ORLANDO, FL 32806

Title: VSD (X) Change () Addition
Name: FLINCHBAUGH, HEIDI M. .
Address: 4855 BIG OAKS LANE
City-St-Zip: ORLANDO, FL 32806

Title: D () Change (X) Addition
Name: STOCKING, KAREN M
Address: 8215 W AVENUE D
City-St-Zip: LANCASTER, CA 93536

Title: D () Change (X) Addition
Name: FLINCHBAUGH, KARL L
Address: 4245 LONGRIDGE AVENUE #4
City-St-Zip: STUDIO CITY, CA 91604

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: DAVID E. FLINCHBAUGH

PTD

04/28/2004

Electronic Signature of Signing Officer or Director

Date