2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G81377

1. Entity Name

D.P. LEWIS & ASSOCIATES, INC.



Principal Place of Business

1495 FOREST HILL BLVD

SUITE G

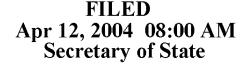
WEST PALM BEACH, FL 33406-6073 US

Mailing Address

1495 FOREST HILL BLVD

SUITE G

WEST PALM BEACH, FL 33406-6073 US





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03312004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For S9-2516555 Not Applied For Not Applied For Status Desired Fee Required

6. Name and Address of Current Registered Agent

LEWIS, DANIEL P. 1495 FOREST HILL BLVD. SUITE G WEST PALM BEACH, FL 33401

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 The above named entity submits this statement for the purposi the obligations of registered agent 	of changing its registered office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
SIGNATURE Signature Typed or printed name of registered agent and title if applica	pie (NOTE Registered Agent signature required when reinstating)	ATE

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

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

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY ST-ZIP	SPT LEWIS, DANIEL P. 1495 FOREST HILL BLVD SUITE G
TITLE NAME STREET ADDRESS CITY - ST - ZIP	WEST PALM BEACH, FL 334066073 V LEWIS, ELIZABETH 1495 FOREST HILL BLVD WEST PALM BEACH, FL 334066073
TITLE NAME STREET ADDRESS GIFY ST-ZIP	V WALKER, ANGINA D. 3727 MIL-LAKE CIRCLE GREENACRES, FL 33463
TITLE NAME STREET ADDRESS CITY+ST-ZIP	
TITLE NAME STREET ADORESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	

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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 suppliemental 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 impowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/3-5619640700

Daytime Priche