## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 22, 2004 8:00 am Secretary of State

1. Entity Name ALIFF, BOWMAN, SPRAYBERRY & ASSOCIATES, INC.									03-22-2	004 900	044 01	3 ***15	0.00
3871 D TAMIAMI TR.			3871 D T	Mailing Address 3871 D TAMIAMI TR. PORT CHARLOTTE, FL 33952						y	1403	,	J
Principal Place of Business     3. Ma				Mailing Address									
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc.				02162004	Chg-P	C	R2E03	4 (10/03)	
City & State			City & Sta	City & State				4. FEI Numb				<u> </u>	plied For t Applicable
Zip Country		Zip	Zip Count		try		5. Certificate of Status Desired See Requin			8.75 Add se Required	itional d		
6. Name and Address of Current Registered Agent								7. Name and	d Address of N	ew Regis	tered Aç	jent	
DENNELER, MAURY F					Name								
3871 D. TAMIAMI TRAIL PORT CHARLOTTE, FL 33952						Street Add	iress (F	P.O. Box Numb	er is Not Accep	table)			
						City						Zip Code	<u> </u>
										<u>FL</u>			
	named entity ons of registr	y submits this statement ered agent.	for the purpose	of changing its	register	ed office or re	egisten	ed agent, or bo	oth, in the State	of Florida.	. I am fa	miliar with,	and accept
SIGNATURE_	Signature, broad	or printed name of rugistered sou	nt and title if applicable	ı. (NOT	E: Ragistore	d Agent tignature	borupar e	when reinstating)			DATE		
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I nereby certify that the information supplied with this filing does not quality 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.

\*\*GNATURE:\*\*

\*\*Jan 19-04\*

\*\*Jan 19-

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR