2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H03725

t. Entity Name
JUSTER & ASSOCIATES, INC.



Principal Place of Business

4830 W KENNEDY BLVD, 130 TAMPA, FL 33609 Mailing Address

4830 W KENNEDY BLVD, 130 TAMPA, FL 33609

FILED Apr 29, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04262004 No Chg-P CR2E034 (10/03)

4.	FEI Number			Applied For
	59-2406985			Not Applicable
5.	Certificate of Status Desired		\$8.7 Fee F	Additional iired

813) 289.8679

6. Name and Address of Current Registered Agent

ALLEN, C. STEPHEN ESQ 4830 W KENNEDY BLVD SUITE 335 TAMPA, FL 33609

SIGNATURE:

SIGNATURE AND TYPED

DO NOT WRITE IN THIS SPACE

1AMPA, FL 33009				III IIIIO OI AOL			
	named entity submits this statement for the pions of registered agent	urpose of changing its registers	ed office or r	egistered agent, or bo	oth, in the State of Florida I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title d	applicable (NOTE Registered	d Agent signature	e required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Finar Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS	1	······································			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JUSTER, FLOYD P 4922 LYFORD CAY ROAD TAMPA, FL 33629				U00000138212 04/29/04-80072-013 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U4/29/U4-80072-013 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
NAME STREET ADDRESS CITY: ST-ZIP				IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·					
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby indicated of the co-	certify that the information supplied with this fit on this report or supplemental report is true-tropation or the receiver or trustee empowered, or on an attachment with an address, with all	lind does not qualify for the exe and an execution that my signa distribute this report as requ when like empowered.	mption state ture shall ha ired by Char	ed in Section 119 07(3 we the same legal effo oter 607, Florida Statu)(i), Florida Statutes I further certify that the information oct as if made under oath, that I am an officer or director tes; and that my name appears in Block 10 or Block 11 if		

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR