


2004.FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # H55011

1. Entity Name
CUNNINGHAM, INGRAM, AND ANDERSON, INC.



Principal Place of Business Mailing Address

4320 WOODLAND PARK DRIVE 4320 WOODLAND PARK DRIVE
 MELBOURNE, FL 32904 US MELBOURNE, FL 32904 US

DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2531921

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

INGRAM, BRUCE
 4320 WOODLAND PARK DRIVE
 W. MELBOURNE,, FL 32904

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

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

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

000000078167
 03/08/04-80016 025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P INGRAM, BRUCE 4320 WOODLAND PARK DRIVE WEST MELBOURNE, FL 32904
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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 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: *[Signature]* **3/2/04** **320-723-3400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #