


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90336 040 ***150.00

DOCUMENT # H71798	
1. Entity Name CHARLES R. CORSON & ASSOCIATES, INC.	

Principal Place of Business 520 S. COLLIER BLVD, #304 MARCO ISLAND FL 34145 US	Mailing Address 520 S. COLLIER BLVD, #304 MARCO ISLAND FL 34145 US
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24047261



MOORE CR2E034 (11/03)

2. Principal Place of Business 3710 MONTREUX LANE Suite, Apt. #, etc. 102 City & State Naples, FL Zip 34114 Country USA	3. Mailing Address 3710 MONTREUX LANE Suite, Apt. #, etc. 102 City & State Naples, FL Zip 34114 Country USA
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4. FEI Number 59-2574654	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORSON, JEAN A. 520 S. COLLIER BLVD, #304 MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable) 3710 MONTREUX LANE, #102 City: Naples FL Zip Code: 34114

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CORSON, JEAN A 520 S. COLLIER BLVD, #304 3710 Montreux Lane #102 MARCO ISLAND FL 34145 Naples, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JEAN A CORSON **4/15/04** **239 732 6010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #