


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90005 024 ***550.00

DOCUMENT # J17975
 1. Entity Name
W. CHRIS LEWIS AND ASSOCIATES, INC.



Principal Place of Business
**503 US HWY 27
 BRANFORD, FL 32008**

Mailing Address
**P.O. BOX 1000
 HIGHWAY 27 & 129
 BRANFORD, FL 32008**

54071277



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

07312004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2695686

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CLESI, DUSTIN M.
 503 US HWY 27
 BRANFORD, FL 32008**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \$550.00
 Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CLESI, DUSTIN M.	
STREET ADDRESS	HWY 129 & 27 BOX 1000	
CITY-ST-ZIP	BRANFORD, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLESI, AIMEE B	
STREET ADDRESS	RT. 2, BOX 5813	
CITY-ST-ZIP	FORT WHITE, FL 32038	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLESI, ERIKA L	
STREET ADDRESS	RT. 2, BOX 5813	
CITY-ST-ZIP	FORT WHITE, FL 32038	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Dustin Clesi* *Austin Clesi* **8/26/04** **386-935-2283**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #