## -2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # J21822

1. Entity Name HENRY BLEIER, C.P.A., P.A.



**FILED** Jan 15, 2004 08:00 AM **Secretary of State** 

Principal Place of Business 2699 STIRLING RD. STE C-307

STE C-307

Mailing Address 2699 STIRLING RD. STE C-307 FT. LAUDERDALE, FL 33312

FT. LAUDERDALE, FL 33312

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent



CR2E034 (10/03) 01132004 No Chg-P

| FELMULIDES                    |        | v ibbilog i oi |
|-------------------------------|--------|----------------|
| 59-2678231                    |        | Not Applicable |
| Certificate of Status Desired | \$8.75 | Additional     |

Fee Required

Applied For

BLEIER, HENRY DO NOT WRITE 2699 STIRLING RD. IN THIS SPACE FT. LAUDERDALE, FL 33312

|  | named entity submits this statement for the pions of registered agent. | urpose of changing its registere                                       | ed office or registered 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 it      | amplicable (NOTE Registerer  | Agent signature required when reinstating)   | DATE   |
|  | Signature, typed of printed hand or registered agent and the in        | applicable \$1012 hag/steree   | A Section of the sect |  |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2004 Fee will be \$550.00            | <ol><li>Election Campaign Finan<br/>Trust Fund Contribution.</li></ol> | cing \$5.00 May Be  Added to Fees  |  |
| 10.  | OFFICERS AND DIREC   | TORS   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | PD<br>BLEIER, HENRY<br>2699 STIRLING RD, #C-307<br>FT. LAUDERDALE, FL  | 1200 4,000 00 100 -  |  | Hononoormoo  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  |  | 000000005703<br>01/16/04-80004-002 150.00                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |  | DO   | NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  | _  | IN '   | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |  |  | · <del>- ·</del>   |
| TUTLE NAME STREET ADDRESS CITY-ST-ZIP          |  |  |  |  |

I hereby certify that the information supplied with this filling 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 withyan address, with all other like empowered.

SIGNATURE: