## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 01, 2004 08:00 AM Secretary of State **DOCUMENT # J48465** 1. Entity Name TEELE & ASSOCIATES, INC. Principal Place of Business Mailing Address 2103 CORPORATE DR 2103 CORPORATE DR BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426 US 03032004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2759800 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MANNING, P. MICHAEL, JR. DO NOT WRITE 70 S.E. 4TH AVENUE IN THIS SPACE DELRAY BEACH, FL 33444 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 reinstalling) Signature, typed or printed name of registered agent and title if applicable U00000100614 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees U4/U1/U4-8U013-025 150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. FITLE TEELE, MICHAEL NAME 3894 EVANS ROAD STREET ADORESS DELRAY BEACH, FL CITY-ST-ZIP TITLE NAME TEELE, MICHAEL STREET ADDRESS 3894 EVANS ROAD CITY - ST - Z3P DELRAY BEACH, FL RRE NAME STREET ADDRESS DO NOT WRITE City-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THEE NAME STREET ADDRESS CITY-ST-ZIP

NYED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**