

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # J66474 1. Entity Name ROBERT F. WISEMAN & ASSOC., INC.			
Principal Place of Business 18375 S.W. 260 STREET HOMESTEAD, FL 33031 US		Mailing Address P.O. BOX 1488 HOMESTEAD, FL 33090-1488 US	
DO NOT WRITE IN THIS SPACE		04082004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2815906 Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired <input checked="" type="checkbox"/> Additional <input type="checkbox"/> Standard	
6. Name and Address of Current Registered Agent HUSTEAD, ROBERT M 70 WEST CAMPBELL DRIVE HOMESTEAD, FL 33030		DO NOT WRITE IN THIS SPACE	
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		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U00000126730 04/23/04-80045-008 158.75	
10. OFFICERS AND DIRECTORS			
TITLE	DP	DO NOT WRITE IN THIS SPACE	
NAME	WISEMAN, ROBERT F		
STREET ADDRESS	16901 S.W. 266 TERR		
CITY-ST-ZIP	HOMESTEAD, FL 33031		
TITLE	DST		
NAME	FREDRICK, JOHN M		
STREET ADDRESS	28525 S.W. 182 AVE	DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP	HOMESTEAD, FL 33031		
TITLE			
NAME			
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CITY-ST-ZIP			
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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: 		4/16/04 (305) 247-8800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	