## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

HILF NAME STREET ADDRESS

SIGNATURE:

## Mar 15, 2004 08:00 AM **Secretary of State** DOCUMENT # K07241 1. Entity Name BAUÉR & ASSOCIATES, INC. Principal Place of Business Mailing Address 12210 US HWY 301 12210 US HWY 301 DADE CITY, FL 33525 DADE CITY, FL 33525 02022004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2866536 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BAUER, SANDRA M DO NOT WRITE 12210 ÚS HWY 301 DADE CITY, FL 33525 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registored Agent storature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. VPDS BAUER, SANDRA M. NAME STREET ADDRESS 12210 US HWY 301 DADE CITY, FL 33525 SITY-ST-332 -003 150.00 BRE BAUER, SANDRA M MARKE STREET ADDRESS 12210 US HWY 301 CETY - ST - ZIP DADE CITY, FL 33525 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CHY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statuties, 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 in changed, or on an attachment with an address, with all place they execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the statutes of the composition of the

**FILED**