


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # K50180							
1. Entity Name TIM COWART & ASSOCIATES, INC.							
Principal Place of Business % THOMAS M. COWART 4475 US #1 SO., STE 104 ST. AUGUSTINE FL 32086			Mailing Address % THOMAS M. COWART 4475 US #1 SO., STE 104 ST. AUGUSTINE FL 32086				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number 59-2925740				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
COWART, THOMAS M. 4475 US #1 SO., STE 104 ST. AUGUSTINE FL 32086			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when re-registering) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS [N 11]				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	COWART, THOMAS M.		NAME				
STREET ADDRESS	2761 HARBOR COURT		STREET ADDRESS	U000000066637			
CITY-ST-ZIP	ST. AUGUSTINE FL		CITY-ST-ZIP	02/26/04-80023-015 150.00			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: <i>Thomas M. Cowart</i>			Date: 2-19-2004				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 984-194-9902				