


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # K81702
 1. Entity Name
 FRESE, NASH & HANSEN, P.A.



Principal Place of Business % GARY B. FRESE 930 S. HARBOR CITY BLVD., SUITE 505 MELBOURNE, FL 32901	Mailing Address % GARY B. FRESE 930 S. HARBOR CITY BLVD., SUITE 505 MELBOURNE, FL 32901
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DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2942895	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FRESE, GARY B.
 930 S. HARBOR CITY BLVD.
 SUITE 505
 MELBOURNE, FL 32901

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AV FRESE, GARY B. 930 S. HARBOR CITY BLVD., STE. 505 MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AV NASH, CHARLES IAN 930 S. HARBOR CITY BLVD., STE. 505 MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AV HANSEN, GREGORY S 930 S HARBOR CITY BLVD STE 505 MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROCHE, PATRICK F 930 S HARBOR CITY BLVD STE 505 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANDERSON, J P 930 S HARBOR CITY BLVD #505 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ANDERSON, LAURA L 930 S HARBOR CITY BLVD #505 MELBOURNE, FL 32901

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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: Gary B. Frese 1/30/04 3219843300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #