


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90032 024 ***150.00

DOCUMENT # K95793

1. Entity Name
ELEAZER ASSOCIATES, INC.



Principal Place of Business Mailing Address

**% JILL ELEAZER SOKOL
 800 2ND AVENUE SOUTH, STE. #320
 ST PETERSBURG FL 33701**

**% JILL ELEAZER SOKOL
 800 2ND AVENUE SOUTH, STE. #320
 ST PETERSBURG FL 33701**



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

4409 48th Ave S **4409 48th Ave S**

Suite, Apt. #, etc. Suite, Apt. #, etc.

St. Petersburg **St. Petersburg, FL**

City & State City & State

FL **St. Petersburg, FL**

4. FEI Number Applied For

59-2953593 Not Applicable

Zip Country Zip Country

33711 **USA** **33711** **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SOKOL, JILL ELEAZER
 800 2 AVE S
 STE 320
 ST PETERSBURG FL 33701**

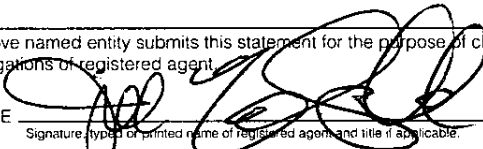
7. Name and Address of New Registered Agent

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  **Jill E. Sokol** DATE **2-6-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SOKOL, JILL ELEAZER	800 2 AVE S #320	ST PETERSBURG FL	<input type="checkbox"/>
T	SOKOL, JOHN E.	4409 48TH AVE S	SAINT PETERSBURG FL 33711	<input type="checkbox"/>
EVPS	WEISMANN, BEVERLEE	6333 8TH AVE N	SAINT PETERSBURG FL 33710	<input checked="" type="checkbox"/>
VP	CANERDAY, CHARLES	800 2 AVE S #320	ST. PETERSBURG FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **Jill E. Sokol** DATE **2-6-04** Daytime Phone # **727-895-5455**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR