
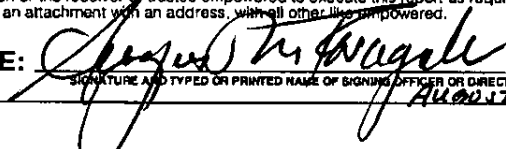


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90002 030 \*\*\*158.75

<b>DOCUMENT # L22421</b>		
1. Entity Name <b>POWELL, FRAGALA &amp; ASSOCIATES, INC.</b>		
Principal Place of Business <b>5150 S. FLORIDA AVENUE BLDG. C 301 LAKELAND, FL 33813 US</b>		Mailing Address <b>P O BOX 6467 BLDG C- STE 301 LAKELAND, FL 33807 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		01092004 No Chg-P CR2E034 (10/03)
4. FEI Number <b>59-2974155</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>FRAGALA, AUGUSTINE M. JR. 5150 S FLORIDA AVE BLDG. C301 LAKELAND, FL 33813</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVP FRAGALA, AUGUSTINE M. 6223 PINE LANE LAKELAND, FL 33813	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPST FRAGALA, I. LOUISE 6223 PINE LANE LAKELAND, FL 33813	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>AUGUSTINE M. FRAGALA</b>		<b>03.06.04 863.694.0951</b> <small>Date Daytime Phone #</small>