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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # m12541

1. Entity Name
DON MYERS & ASSOCIATES, INC



FILED

04 AUG 13 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1762 BAY STREET #202
Suite, Apt. #, etc.

3. Mailing Address
1762 Bay St
Suite, Apt. #, etc. 202

DO NOT WRITE IN THIS SPACE

04

City & State
SARASOTA, FL

City & State
SARASOTA FL

Country
USA

Country
USA

4. FEIN Number
59-2510109

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
DONALD F. MYERS

Street Address (P.O. Box Number is Not Acceptable)
1762 BAY STREET

City
SARASOTA FL Zip Code 34236

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 X [Signature] (NOTE: Registered Agent Signature required when reinstating)

DATE 8/17/04

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>PRESIDENT</u> <u>DONALD F. MYERS</u> <u>1762 BAY STREET #202 SARASOTA FL</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>400040360224</u> <u>08/20/04--01042--002 **150.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT</u> <u>PATRICIA L. MYERS</u> <u>1808 TULIP DRIVE SARASOTA FL 34239</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>34239</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 8/17/04 DAYTIME PHONE # 941-952-0010

CR2E034B (12/02)

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BARBARA @

Found our copy of check we mailed
on 1/22/04 for renewal of corp.
Don't need copy of certificate.

copy of original
check we sent
to Renew corp on
1/22/04

<p>DON MYERS ASSOCIATES INC. 1762 BAY ST. UNIT 202 SARASOTA, FL 34236-7700</p>		<p>CHECK HERE IF TAX DEDUCTIBLE ITEM <input type="checkbox"/></p> <p>\$ <u>1213</u></p> <p>1/22/04</p>										
<p>FLORIDA Dept. OF STATE ONE HUNDRED FIFTY EIGHT DOLLARS ²⁵/₁₀₀</p>		<table border="1"> <tr><td>BAL. FOR'D</td><td></td></tr> <tr><td>THIS PAYMENT</td><td>158.75</td></tr> <tr><td>BALANCE</td><td></td></tr> <tr><td>OTHER</td><td></td></tr> <tr><td>BAL. FOR'D</td><td></td></tr> </table>	BAL. FOR'D		THIS PAYMENT	158.75	BALANCE		OTHER		BAL. FOR'D	
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<p>Bank of America ACH R/T 063100277</p>		<p>1213 NOT NEGOTIABLE</p>										