

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M65476

FILED
Feb 09, 2005
Secretary of State

Entity Name: FLOYD S. SALSER, JR. & ASSOCIATES, INC.

Current Principal Place of Business:

3925 SW 13TH STREET
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 772887
OCALA, FL 344772887 US

New Mailing Address:

FEI Number: 59-2879074 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SALSER, CONNIE K
2812 SE 31 ST
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPP () Delete
Name: SALSER, FLOYD S., JR., .
Address: 2812 SE 31ST STREET
City-St-Zip: Ocala, FL 34471

Title: S () Delete
Name: SALSER, CONNIE K.,
Address: 2812 SE 31ST ST
City-St-Zip: Ocala, FL 34471

Title: T () Delete
Name: PUTMAN, MYRA
Address: 3373 SE 149 LANE
City-St-Zip: SUMMERFIELD, FL 34491

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE K. SALSER

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02/09/2005

Electronic Signature of Signing Officer or Director

Date