

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007579

Entity Name: SCIENCE SPEAKS, INC.

FILED
Jan 25, 2004
Secretary of State

Current Principal Place of Business:

3 ISLAND DRIVE
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

3 ISLAND DRIVE
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 32-0090919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPEARMAN, J. CRAIG
3 ISLAND DRIVE
LAKE MARY, FL 32746

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPEARMAN, J. CRAIG
Address: 3 ISLAND DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: VSD () Delete
Name: SHIELDS, DAVID G
Address: 1065 MAITLAND CENTER COMMONS BLVD.
City-St-Zip: MAITLAND, FL 32751

Title: VTD () Delete
Name: MCCOY, DAVID
Address: 1903 BROOKS LANE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: COFOID, KENT
Address: 606 LONGMEADOW DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: HOLLAR, BRIAN
Address: 789 CREEKWATER TERRACE
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: SPRAGUE, GEOFFRY
Address: 4177 REYNARD COURT
City-St-Zip: OVIEDO, FL 32765

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:

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

Title: D (X) Change () Addition
Name: HOLLAR, BRIAN
Address: 5041 PARK CENTRAL DRIVE #1934
City-St-Zip: ORLANDO, FL 32839

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. CRAIG SPEARMAN

PD

01/25/2004

Electronic Signature of Signing Officer or Director

Date

KATIE BROWN, D
P.O. BOX 410424
MELBOURNE FL 32941

STEPHEN WADE, D
1000 S SEMORAN BLVD.
WINTER PARK, FL 32792

MIKE BRANCH M.D., D
1403 MEDICAL PLAZA DR.
SANFORD, FL 32771

WAYNE LUKENS, D
679 BENITAWOOD CT.
WINTER SPRINGS, FL 32708

D B YARBROUGH, D
2240 VIA TUSCANY
WINTER PARK, FL 32789