

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000088

FILED  
May 27, 2004  
Secretary of State

**Entity Name:** SPECIALTY AGENTS POLITICAL ACTIVITY COMMITTEE, INC.

**Current Principal Place of Business:**

4501 N NEBRASKA AVE  
TAMPA, FL 33603 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 9015  
TAMPA, FL 33674 US

**New Mailing Address:**

**FEI Number:** 59-3350883

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERMAN, JED  
180 S KNOWLES  
WINTER PARK, FL 32790

**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: HILL, RICHARD  
Address: 5211 TIMUQUANA RD, #6  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete  
Name: FLEMING, ADRIENNE  
Address: 4501 N. NEBRASKA AVE  
City-St-Zip: TAMPA, FL 33603

Title: D ( ) Delete  
Name: LUCAS, CAREN  
Address: 32321 HAVEN COURT #100  
City-St-Zip: LEESBURG, FL 34788

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GRAVES, SUSAN  
Address: 685 MASON AVE.  
City-St-Zip: DAYTONA BEACH, FL 32117

Title: D (X) Change ( ) Addition  
Name: DECKER, ADRIENNE  
Address: 4501 N. NEBRASKA AVE  
City-St-Zip: TAMPA, FL 33603

Title: D (X) Change ( ) Addition  
Name: VASQUEZ, ARNIE  
Address: 4150 NW 7TH ST #100A  
City-St-Zip: MIAMI, FL 33126

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: SUSAN GRAVES

PRES

05/27/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date