2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P0000001461

1. Entity Name

FRANK DITTRICK & ASSOCIATES, INC.



Principal Place of Business

3321 WINDY OAKS DRIVE PACE, FL 32571

Mailing Address

3321 WINDY OAKS DRIVE

PACE, FL 32571

FILED Aug 23, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

No Chg-P 07282004 CR2E034 (10/03)

4. FEI.Number 59-3619214

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DITTEICK, FRANK 3321 WINDY OAK DR PACE, FL 32571

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered				required when reinstating)	DATE
	LE NOWIII FEE IS \$150.00 ue by September 8, 2004	9. Election Campaign Finand Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS					<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DITTRICK, WILLIAM F 3321 WINDY OAKS DRIVE PACE, FL 32571				U00000170710 08/23/04-80007-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				}	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u></u> .	DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CRY-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)(f), 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.					