

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000025926

FILED
Mar 15, 2004
Secretary of State

Entity Name: FLORIDA MOBILE NOTARY ASSOCIATION, INC.

Current Principal Place of Business:

521 BROOKFIELD DRIVE
LARGO, FL 337711401

New Principal Place of Business:

Current Mailing Address:

521 BROOKFIELD DRIVE
LARGO, FL 337711401

New Mailing Address:

FEI Number: 59-3632966 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: PSTD () Delete
Name: GRAUL, CHARLES
Address: 521 BROOKFIELD DRIVE
City-St-Zip: LARGO, FL 337711401

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: GRAUL, KAY D
Address: 521 BROOKFIELD DRIVE
City-St-Zip: LARGO, FL 337711401

Title: VTD () Change (X) Addition
Name: GRAUL, CHARLES F
Address: 521 BROOKFIELD DRIVE
City-St-Zip: LARGO, FL 337711401

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: CHARLES GRAUL

VP

03/15/2004

Electronic Signature of Signing Officer or Director

_____ Date