2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 23, 2004 08:00 AM **DOCUMENT # P00000077223 Secretary of State** CRISMAR & ASSOCIATES, INC. Principal Place of Business Mailing Address 14918 AMERICAN EAGLE CT 14918 AMERICAN EAGLE CT FT MYERS, FL 33912 FT MYERS, FL 33912 No Chg-P 02182004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ACHERLY, JAMEY DO NOT WRITE 14918 AMERICAN EAGLE CT FT MYERS, FL 33912 IN THIS SPACE 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, typod or printed name of registered agent and title if applicable DATE (NOTE. Registered Agont signature required when reinstating) U00000062846 **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE !S \$150.00 After May 1, 2004 Fee will be \$550.00 02/23/04-80136-025 150.00 Trust Fund Contribution, Added to Fees 10. OFFICERS AND DIRECTORS TITLE ACKERLY, JAMEY NAME 14918 AMERICAN EAGLE CT STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33912 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. Thereby certify that the information supplied with this filing does not qualify 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 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.

TYPED OR PRINTER NAME OF SIGNING DIFFICER OR DIRECTOR

SIGNATURE: _

FILED

Febr 16, 2004

Daytime Phone #