
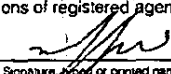



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2004 8:00 am
Secretary of State

04-29-2004 90230 014 ****50.00
06-04-2004 90001 018 ***100.00

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DOCUMENT # P00000095572			
1. Entity Name WAYMIRE & ASSOCIATES, INC.			
Principal Place of Business 3507 PINE TOP DRIVE VALRICO FL 33594		Mailing Address 3507 PINE TOP DRIVE VALRICO FL 33594	
2. Principal Place of Business Suite, Apt. #, etc. 803 Hickory Fork PL		3. Mailing Address 803 Hickory Fork PL Suite, Apt. #, etc.	
City & State Seffner, FL		City & State Seffner, FL	
Zip 33584	Country Hillsb.	Zip 33584	Country Hillsb.
6. Name and Address of Current Registered Agent LOWMAN, WILLIAM R JR, ESQ 315 EAST ROBINSON STREET SUITE 600 ORLANDO FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DATE 4/26/04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPT WAYMIRE, MATT 3507 PINE TOP DRIVE VALRICO FL 33594 803 Hickory Fork PL Seffner, FL 33584	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby 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.			
SIGNATURE:  Matt Waymire		Date 4/26/04 Daytime Phone 681-8932	

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MOORE CR2E034 (11/03)