

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000035268

FILED
Apr 30, 2004
Secretary of State

Entity Name: HEALTH & ESTATE ADVISORS, INC.

Current Principal Place of Business:

5364 EHRLICH RD, STE 50
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

5364 EHRLICH RD, STE 50
TAMPA, FL 33624

New Mailing Address:

FEI Number: 74-3054413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, DAVID J
5364 EHRLICH RD, STE 50
TAMPA, FL 33624 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: P () Delete
Name: GRAHAM, DAVID
Address: 5364 EHRLICH RD, STE 50
City-St-Zip: TAMPA, FL 33624

Title: V () Delete
Name: WISE, CECILIA
Address: 5364 EHRLICH RD, STE 50
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: GRAHAM, STASH
Address: 5364 EHRLICH RD, STE 50
City-St-Zip: TAMPA, FL 33624

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: GRAHAM, SAGE
Address: 5364 EHRLICH RD, STE 50
City-St-Zip: TAMPA, FL 33624

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: DAVID GRAHAM

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date