

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000036016</b> 1. Entity Name CLYDE EARLS JR. ASSOCIATES, INC.			
Principal Place of Business 501 HERMITS TRAIL, SUITE B ALTAMONTE SPRINGS, FL 32701		Mailing Address 501 HERMITS TRAIL, SUITE B ALTAMONTE SPRINGS, FL 32701	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03292004 No Chg-P CR2E034 (10/03)	
		4. FEI Number NOT APPLICABLE	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  EARLS, CLYDE JR. 501 HERMITS TRAIL, SUITE B ALTAMONTE SPRINGS, FL 32701		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U000000105983 04/07/04-80045-023 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	OD		
NAME	EARLS, CLYDE JR		
STREET ADDRESS	501 HERMIT TRAIL		
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32701		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - 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)(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: <u>Clyde Earls Jr.</u> CLYDE EARLS JR. - 4/5/04 - 407-834-2584 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			