

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 12, 2004 8:00 am
Secretary of State**

01-12-2004 90012 019 ***158.75

DOCUMENT # P01000037863		
1. Entity Name BEUSSE BROWNLEE WOLTER MORA & MAIRE, P.A.		

Principal Place of Business 390 NORTH ORANGE AVE STE 2500 ORLANDO, FL 32801	Mailing Address 390 NORTH ORANGE AVE STE 2500 ORLANDO, FL 32801
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip	Country

6. Name and Address of Current Registered Agent WOLTER, ROBERT L 390 NORTH ORANGE AVE, STE 2500 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEUSSE, JAMES H 123 LUCKY TRAIL LONGWOOD, FL 32750	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOLTER, ROBERT L 838 ALAMEDA STREET ORLANDO FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROWNLEE, JACKSON O 909 WALD ROAD ORLANDO, FL 32806	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAIRE, DAVID G 1641 EAGLE NEST CIRCLE WINTER SPRINGS FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEANGELIS, JOHN L 285 HUMKEY STREET, NE PALM KEY, FL 32907	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. SANKS, TERRY M 655 OAK HOLLOW WAY ALTAMONTE SPRINGS FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLTER, ROBERT L 838 ALAMEDA STREET ORLANDO, FL 32804	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCLEOD, CHRISTINE Q 117 PAL STREET WINDERMERE FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAIRE, DAVID G 1641 EAGLE NEST CIRCLE WINTER SPRINGS, FL 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MORA, ENRIQUE J 100 BLACK CHERRY COURT WINTER SPRINGS, FL 32708	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: 
DAVID G. MAIRE 1/8/04 407-926-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #