

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90060 023 ***150.00

DOCUMENT # P01000060061

1. Entity Name
STATISTICAL SOLUTIONS, INC.



Principal Place of Business
**3522 NW 18TH AVE.
GAINESVILLE, FL 32605**

Mailing Address
**3522 NW 18TH AVE.
GAINESVILLE, FL 32605**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2446273	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOWELL, J. ANDREAS
3522 NW 18TH AVE.
GAINESVILLE, FL 32605**

**DO NOT WRITE
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, 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. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOWELL, CATHERINE J
STREET ADDRESS	3522 NW 18TH AVE
CITY-ST-ZIP	GAINESVILLE, FL 32605

TITLE	VP
NAME	HOWELL, J ANDREAS
STREET ADDRESS	3522 NW 18TH AVE
CITY-ST-ZIP	GAINESVILLE, FL 32605

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: J. Andreas Howell **VICE PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/04

Date

352-337-9932

Daytime Phone #