

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000119587

FILED
Apr 29, 2004
Secretary of State

Entity Name: ANDRA L. STOVER CPA, P.A.

Current Principal Place of Business:

6740 CROSSWINDS DR N
STE C-1
SAINT PETERSBURG, FL 33710

Current Mailing Address:

6740 CROSSWINDS DR N
STE C-1
SAINT PETERSBURG, FL 33710

New Principal Place of Business:

6740 CROSSWINDS DR N
STE L-1
SAINT PETERSBURG, FL 33710

New Mailing Address:

P O BOX 48254
SAINT PETERSBURG, FL 33743

FEI Number: 01-0560432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVEGGI, ANDRA
8315 - 40TH PLACE NORTH
ST. PETERSBURG, FL 33709

Name and Address of New Registered Agent:

SALVEGGI, ANDRA Z
8315 - 40TH PLACE NORTH
ST. PETERSBURG, FL 33709

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: ANDRA SALVEGGI

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: STOVER, ANDRA
Address: 8315 40TH PL N
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D () Delete
Name: STOVER, ANDRA
Address: 8315 40TH PL N
City-St-Zip: SAINT PETERSBURG, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: SALVEGGI, ANDRA Z
Address: 8315 40TH PL N
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D (X) Change () Addition
Name: SALVEGGI, ANDRA Z
Address: 8315 40TH PL N
City-St-Zip: SAINT PETERSBURG, FL 33709

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: ANDRA SALVEGGI

PRES

04/29/2004

Electronic Signature of Signing Officer or Director

Date