


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2004 8:00 am
Secretary of State

06-22-2004 90002 020 ***150.00

DOCUMENT # P01000119660 1. Entity Name DEWITT, JOSEPH & ASSOCIATES, INC.	
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Principal Place of Business 1812 WEATHERSTONE DRIVE SAFETY HARBOR, FL 34695	Mailing Address 1812 WEATHERSTONE DRIVE SAFETY HARBOR, FL 34695
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DO NOT WRITE IN THIS SPACE

66429362



06172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3370398	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
**RINEY, TIMOTHY J
1812 WEATHERSTONE DRIVE
SAFETY HARBOR, FL 34695**

**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 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P. RINEY, TIMOTHY 1812 WEATHERSTONE DR SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S RINEY, ROSE 1812 WEATHERSTONE DR SAFETY HARBOR, FL 34695
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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: Timothy J Riney **6-27-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #