

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000025314


 1. Entity Name
FERMIL & ASSOCIATES INC.

 Principal Place of Business
**9378 ARLINGTON EXPWY
JACKSONVILLE, FL 32225**

Mailing Address

**9378 ARLINGTON EXPWY
JACKSONVILLE, FL 32225**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272004 Chg-P CR2E034 (10/03)

 4. FEI Number
01-0626989

Applied For

Not Applicable

 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

 Name
**FERMIL, VIRGILIO
12217 PANTHER RIDGE DRIVE
JACKSONVILLE, FL 32225**

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 is required when restating)

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

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERMIL, VIRGILIO C		
STREET ADDRESS	12217 PANTHER RIDGE DRIVE		
CITY-ST-ZIP	JACKSONVILLE, FL 32225		
TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERMIL, EMLYN M		
STREET ADDRESS	12217 PANTHER RIDGE DRIVE		
CITY-ST-ZIP	JACKSONVILLE, FL 32225		
TITLE	VO	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERMIL, ANDREY		
STREET ADDRESS	12217 PANTHER RIDGE DRIVE		
CITY-ST-ZIP	JACKSONVILLE, FL 32225		
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 (904)727-0027

Date Daytime Phone #