


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000036534

1. Entity Name
NEMES & WEST ACCOUNTANTS, INC.



Principal Place of Business Mailing Address

610 INDIAN ROCKS RD N STE 102 610 INDIAN ROCKS RD N STE 102
 BELLEAIR BLUFFS, FL 33770 BELLEAIR BLUFFS, FL 33770

DO NOT WRITE IN THIS SPACE



02282004 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 04-3630873 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

POINDEXTER, ELAINE
 610 INDIAN ROCKS RD N STE 102
 BELLEAIR BLUFFS, FL 33770

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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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP | D POINDEXTER, ELAINE 610 INDIAN ROCKS RD N STE 102 BELLEAIR BLUFFS, FL 33770 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D NEMES, GARY 610 INDIAN ROCKS RD N STE 102 BELLEAIR BLUFFS, FL 33770 |
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 03/18/04-80009-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Elaine Poindexter 3/14/04 727-588-0977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #