

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90255 009 ***150.00

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03092004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000044913			
1. Entity Name VAHUE & ASSOCIATES, INC.			
Principal Place of Business 5160 BROOKS ROAD FT MYERS, FL 33905		Mailing Address 5160 BROOKS ROAD FT MYERS, FL 33905	
2. Principal Place of Business 1512 SE 6th AVE. Suite, Apt. #, etc.		3. Mailing Address 1512 SE 6th AVE Suite, Apt. #, etc.	
City & State CAPE CORAL, FL. Zip 33990 Country		City & State CAPE CORAL, FL. Zip 33990 Country	
4. FEI Number 32-2167640		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 VAHUE, DONALD L. 5160 BROOK RD. FORT MYERS, FL 33905		7. Name and Address of New Registered Agent Name VAHUE, DONALD L. Street Address (P.O. Box Number is Not Acceptable) 1512 SE 6th AVE City CAPE CORAL, FL. FL Zip Code 33990	
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 <u>Donald L. Vahue</u> DONALD L. VAHUE 4-8-04 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAHUE, DONALD D 5160 BROOKS RD. FORT MYERS, FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAHUE, DONALD L. 1512 SE 6th AVE CAPE CORAL, FL. 33990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 authority like empowered.			
SIGNATURE: <u>Donald L. Vahue</u> DONALD L. VAHUE 4-8-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	