

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000049919

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: COMPENSATION ADMINISTRATION CORPORATION

## Current Principal Place of Business:

5337 N SOCRUM LOOP RD #216  
LAKELAND, FL 33809

## New Principal Place of Business:

442 N WABASH AVENUE  
LAKELAND, FL 33815

## Current Mailing Address:

5337 N SOCRUM LOOP RD #216  
LAKELAND, FL 33809

## New Mailing Address:

442 N WABASH AVENUE  
LAKELAND, FL 33815

FEI Number: 03-0447550

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DENNIS, MELODY M  
442 N WABASH AVE  
LAKELAND, FL 33815 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BANKS, PHILLIP  
Address: 5337 N SOCRUM LOOP RD., #216  
City-St-Zip: LAKELAND, FL 33809

Title: VP ( ) Delete  
Name: LEWIS, MICHAEL  
Address: 3510 NW 9TH ST., #161  
City-St-Zip: GAINESVILLE, FL 32606

Title: T (X) Delete  
Name: DONALDSON, PHILIP  
Address: 5337 N SOCRUM LOOP RD., #216  
City-St-Zip: LAKELAND, FL 33809

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,T (X) Change ( ) Addition  
Name: DENNIS, MELODY M  
Address: 442 N WABASH AVENUE  
City-St-Zip: LAKELAND, FL 3381

Title: VP (X) Change ( ) Addition  
Name: DONALDSON, PHILIP S  
Address: 5337 N SOCRUM LOOP RD STE 216  
City-St-Zip: LAKELAND, FL 33809

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MELODY M DENNIS

P, T

04/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date