2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 07, 2004 08:00 AM Secretary of State

DOCUMENT	#	P02000053057
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1. Entity Name ILER & ASSOCIATES, INC.



Principal Place of Business 4600 W CPYRESS ST STE 500 TAMPA, FL 33607 Mailing Address
P 0 B0X 273017
TAMPA, FL 33688-3017

03252004

No Chg-P

CR2E034 (10/03)

4. FEI Number 01-0686457

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

	6. Name and Address of Current Regist	ered Agent				
LOPEZ, AL R JR 4600 W CPYRESS STE STE 500 TAMPA, FL 33607		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 Plorida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE_	Signature, typed or printed name of registered agent and fills if	applicable. (NOTE, Registero	s Agent signature	required when reinstalling)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ćing 🖂	\$5.00 May Be Added to Fees	U00000106051 04/07/04-80051-003 150.00	
10.	OFFICERS AND DIREC	TORS _		***		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ILER, WILLIAM B JR P O BOX 273017 TAMPA, FL 336883017					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	DO NOT WRITE IN THIS SPACE			
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TITLE MAME STREET ADDRESS CITY-ST-ZEP						
TITLE NAME STREET ADDRESS CITY-ST-2IP					-	
12. I hereby	certily that the information supplied with this fi	ling does not qualify for the exe	mption state	d in Section 119.07(3)	(f), Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director	

12. Thereby certify that the Information supplied with this filling coes for quality for the exemptor state of the 1997 by the

SIGNATURE:

Lection B.

5 April 2004