


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

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



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



03142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0686457 Applied For Not Applicable

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

6. Name and Address of Current Registered 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 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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000269543
03/19/05-80015-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ILER, WILLIAM B JR
STREET ADDRESS	P O BOX 273017
CITY - ST - ZIP	TAMPA, FL 336883017
TITLE	
NAME	
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**DO NOT WRITE
IN THIS SPACE**

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: William B. Iler Jr. 16 March 2005 813-963-3820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #