



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000057015</b>		
1. Entity Name <b>BURTON SCHOEPF, INC</b>		
Principal Place of Business <b>1900 GULF BLVD INDIAN ROCKS BCH, FL 33785</b>	Mailing Address <b>1900 GULF BLVD INDIAN ROCKS BCH, FL 33785</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>SCHOEPF, BURTON 1900 GULF BLVD INDIAN ROCKS BCH, FL 33785</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SCHOEPF, BURTON 1900 GULF BLVD INDIAN ROCKS BCH, FL 33785	
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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)(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 all other like empowered.		
SIGNATURE:  <b>BURTON SCHOEPF</b>		01/09/04 727-595-1083 Date Daytime Phone #



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>71-0885614</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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01/13/04-80027-003 150.00

**DO NOT WRITE  
IN THIS SPACE**