## **2004 FOR PROFIT CORPORATION**

## **FILED**

	- ANNUAL	REPORT	<u> </u>	1%	- Apr 12,	, 2004  08:00 <i>⁼A</i>	į.
	MENT # P020001083				etary of State		
Entity Name     NANCY BENNETT & ASSOCIATES, INC.							
						-	
Principal Plac	e of Business	Mailing Address	<u> </u>				
3665 DUBS0		3665 DUBSDREAD CIR		ļ			
ORLANDO, FI		ORLANDO, FL 33145					
				1 (22)(24) (	: <b>#6</b> :26   126: <b>6.</b> 00: 1 <b>20</b>   1: 40  1	DE ALMESS MARINAL FRANK SPINS SIMBA MESSEMBE SE GNAT	
		<del> </del>					
			0.1050001	No Chg-P	CR2E034 (10/03)		
DO NOT WRITE IN THIS SPA			CE	04052004		Applied For	<u></u>
				4. FEI Numb		. Not Applicat	χie
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent		Я		1 00 3 10 403100	-
05.0.577	. Alanios (		]				
BENNETT, NANCY 3665 DUBSDREAD CIR MIAMI, FL 33145			DO NOT WRITE				
			IN THIS SPACE				
				11.4	HIIO OF	ACL	
					مني	<u>.</u>	٠.
	named entity submits this statement for ti ions of registered agent.	ne purpose of changing its register	ed office or register	red agent, or bo	oth, in the State of Flo	rida. I am familiar with, and acce	)Ì
SIGNATURE_		to a law.		<u>.</u>		<u></u>	
	Signature, typed or printed name of registered agent are	tide il applicable. (NOTE, Registere	d Agent signature required	d when reinstating)	<u> </u>	DATE OF THE PARTY	_
FILE NOW!!! FEE IS \$150.90 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.				.00 May Be led to Fees	U800001 04712704-8	08390 10025-016 150.00	
10.	, OFFICERS AND D	RECTORS		<u></u> .	101111111	Manual Control of the	
mu	DPST		1				
NAME	BENNETT, NANCY						
STREET ADDRESS	3665 DUBSDREAD CIR	1					
CITY-ST-ZIP	ORLANDO, FL 33145		-				
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STREET ADDRESS  CITY-ST-ZIP							
TITLE		<u></u>			,		
NAME							
STREET ADORESS			1	no	NOT W	DITE	
CITY-ST-ZIP		·	1	טט	NOI W	DITE	
TITLE				IN	THIS SF	PACE	
NAME				***		<i>-</i>	
STREET ADDRESS	Transcooline						
CITY-ST-ZIP		·	-				
TITLE	ļ		I				
NAME STREET ADDRESS	5		1				
CITY-ST-ZIP			1				
TATLE			1				

12. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-DP