2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 07, 2005 08:00 AM Secretary of State **DOCUMENT # P02000110901** STEPHEN GEORGE & ASSOCIATES, INC. Principal Place of Business Mailing Address 500 SOUTH CYPRESS ROAD 500 SOUTH CYPRESS ROAD POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 No Chg-P CR2E034 (10/03) 03142005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 43-1981139 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GEORGE, STEPHEN E DO NOT WRITE 511 N.E. 7TH STREET POMPANO BEACH, FL 33060 IN THIS SPACE 3. 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 reinstating) DATE Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. GEORGE, STEPHEN E NAME 511 N.E. 7TH STREET STREET ADDRESS POMPANO BEACH, FL 33060 CITY-ST-ZIP TITLE GEORGE, JACQUELINE L NAME STREET ADDRESS 511 N.E. 7TH STREET POMPANO BEACH, FL 33060 CITY-ST-ZIP and the second s TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP alat bi daministi bibah (genterberanan elektri elek (albi albi, a TITLE NAME STREET ADDRESS CITY-ST-ZIP san tan Aribibt oleh operiod oleh gibra ar aya. TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

FILED