


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

04-19-2004 90367 025 \*\*\*150.00

FILED P03000020529

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 AUG 26 AM 8:00

<b>DOCUMENT # P03000020529</b> 1. Entity Name <b>DRAHEIM &amp; ASSOCIATES, INC.</b>			
Principal Place of Business <b>4930 62 AVENUE SOUTH ST PETERSBURG, FL 33715</b>		Mailing Address <b>4930 62 AVENUE SOUTH ST PETERSBURG, FL 33715</b>	
2. Principal Place of Business <b>216 36<sup>th</sup> Ave. North #105B</b> Suite, Apt. #, etc.		3. Mailing Address <b>216 36<sup>th</sup> Ave. North #105B</b> Suite, Apt. #, etc.	
City & State <b>St. PETERSBURG, FL</b>		City & State <b>St. PETERSBURG, FL</b>	
Zip <b>33704</b>	Country	Zip <b>33704</b>	Country
4. FEI Number <b>06-1696624</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DRAHEIM, JOHN 4930 62 AVENUE SOUTH ST PETERSBURG, FL 33715</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <b>216 36<sup>th</sup> Avenue North #105B</b> City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33704</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
<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 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRAHEIM, JOHN 4930 62 AVENUE SOUTH ST PETERSBURG, FL 33715	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	216 36 <sup>th</sup> Avenue North #105B St. Petersburg, FL 33704	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1/14/04</b> <b>727-415-8660</b> <small>Daytime Phone #</small>	