


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90292 044 ***150.00

DOCUMENT # P03000020703

1. Entity Name
EDWARD SUSMAN ASSOCIATES, INC.



Principal Place of Business Mailing Address
3111 SOUTH DIXIE HIGHWAY **3111 SOUTH DIXIE HIGHWAY**
SUITE 306-B **SUITE 306-B**
WEST PALM BEACH, FL 33405 **WEST PALM BEACH, FL 33405**

14012057



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04192004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
470913102 Not Applicable

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

6. Name and Address of Current Registered Agent

SUSMAN, EDWARD
3111 SOUTH DIXIE HIGHWAY
SUITE 306-B
WEST PALM BEACH, FL 33405

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: *Edward Susman* **President** **4/22/2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSMAN, EDWARD	NAME	
STREET ADDRESS	206 GREYMON DR	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSMAN, CAROLYN	NAME	
STREET ADDRESS	206 GREYMON DR	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSMAN, FERRIE	NAME	
STREET ADDRESS	206 GREYMON DR	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSMAN, FREDERIC	NAME	
STREET ADDRESS	206 GREYMON DR	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Edward Susman* **4/22/04** **561-835-3511**

Signature and typed or printed name of signing officer or director Date Daytime Phone #