

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90027 026 ***150.00

DOCUMENT # P03000027225 1. Entity Name DWYER AND ASSOCIATES, INC.			
Principal Place of Business 2500 W LAKE MARY BLVD. STE. 212 B LAKE MARY, FL 32746		Mailing Address 2500 W LAKE MARY BLVD. STE. 212 B LAKE MARY, FL 32746	
2. Principal Place of Business 2500 W Lake Mary Blvd.		3. Mailing Address 2500 W Lake Mary Blvd	
Suite, Apt. #, etc. Ste. 214		Suite, Apt. #, etc. Ste. 214	
City & State Lake Mary FL		City & State Lake Mary, FL	
Zip 32746		Zip 32746	
Country USA		Country USA	
4. FEI Number 56-2330949		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DWYER, MICHAEL J 2500 W LAKE MARY BLVD. STE. 212B LAKE MARY, FL 32746		7. Name and Address of New Registered Agent Name Dwyer, Michael J. Street Address (P.O. Box Number is Not Acceptable) 2500 W Lake Mary Blvd. Ste. 214 City Lake Mary FL Zip Code 32746	
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 reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DWYER, MICHAEL J 3381 REGAL CREST DR. LONGWOOD, FL 32779	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DWYER, JUDY M 3381 REGAL CREST DR. LONGWOOD, FL 32779	<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.			
SIGNATURE: _____ <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/19/05 Daytime Phone # 407-268-3844	

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