2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

 		MUOAL	NEPUNI (AN)	P03000029577						
DOCUMENT # P03000029577 1. Entity Name						FILED				
DAVID L. ENGELMAN, INC.							25 AM	10:04		
Principal Place of Business Mailing Address						Un I Da		if STATE,		
843 BOGEHILL DRIVE PALM HARBOR FL 34684 US			843 EDGEHILL DRIVE	843 EDGEHILL DRIVE PALM HARBOR FL 34684			OL, FED 23 SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA			
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CR	2E034 (11/03)		
City & State			City & State			4. FEI Number) /		Applicable	
Zip	Zip Country		Zip	Zip Country		5. Certificate of Status De	sired [38.75 Addit		
6. Name and Address of Current			rent Registered Agent	Registered Agent		7. Name and Address of	New Regis			
Name Name										
ENGELMAN, DAVID L 843 EDGEHILL DRIVE PALM HARBOR FL 34684					Street Address (P.O. Box Number is Not Acceptable)					
PALI	м нанв	OR FL 34684								
				City	* ,			FL Zip Code	<u>-</u>	
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.										
CUPALATAIDE										
SIGNATURE Signature, typed or prefed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be										
		04 Fee will be \$550				Trust Fund Cor	-		to Fees	
A. E. Sale T. A. P. A. P. B. B. C. T. B. B.	Payable t	o Florida Departme	389335460			100 500 100 100 100 100 100 100 100 100	o organi	00 AND BUREOTOR	0144	
TILE		OFFICERS	AND DIRECTORS Delete	TILE	Pce	ADDITIONS/CHANGES	O OFFICE	Change	Addition	
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NAME	}	•		NAME						
STREET ADDRESS CITY-51-2IP				STREET ADORESS CITY-ST-ZIP						
12. I hereby c	ertify that the	ne information supplie	d with this filing does not qualify for	the exemption sta	ted in Se	ection 119.07(3)(i), Florida S	atutes. I fun	ther certify that the in	formation	
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 of fluster among the 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, fifth all other like empowered.										
SIGNAT	IIPE.	No.	XXXVIII	1/20/0	1					
JOHN	VITE:	SIGNATURE AND TYP	ED OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR		Date	1	Daytene Phone #		

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