

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90105 010 \*\*\*150.00

**DOCUMENT # P03000030782**

1. Entity Name  
 KING, ANDERSON, ORTIZ & ASSOCIATES, INC.



Principal Place of Business  
 994 DOUGLAS AVENUE  
 ALTAMONTE SPRINGS, FL 32714

Mailing Address  
 994 DOUGLAS AVENUE  
 ALTAMONTE SPRINGS, FL 32714

24043051



2. Principal Place of Business  
 222 S. Westmonte DR.  
 Suite, Apt. #, etc.  
 210

3. Mailing Address  
 222 S. Westmonte DR.  
 Suite, Apt. #, etc.  
 210

01082004 Chg-P CR2E034 (10/03)

City & State  
 altamonte Springs, FL

City & State  
 Altamonte Springs, FL

Zip  
 Country

Zip  
 Country

4. FEI Number  
 45-1178164

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

VAZQUEZ, H. WILLIAM  
 2500 MAITLAND CENTER PARKWAY, SUITE 105  
 MAITLAND, FL 32751

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

**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

TITLE	D	<input type="checkbox"/> Delete
NAME	KING, MICHAEL	
STREET ADDRESS	994 DOUGLAS AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, CHAD	
STREET ADDRESS	994 DOUGLAS AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORTIZ, DANIEL	
STREET ADDRESS	994 DOUGLAS AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	222 S Westmonte Dr Suite 210	
STREET ADDRESS	Altamonte Springs, FL 32714	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	222 S Westmonte Dr Suite 210	
STREET ADDRESS	Altamonte Springs, FL 32714	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	222 S Westmonte DR Suite 210	
STREET ADDRESS	Altamonte Springs, FL 32714	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: [Signature] 4/12/04 407-786-7283  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #