

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90347 050 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000070180 1. Entity Name VOLZ & ASSOCIATES, INC.					
Principal Place of Business 30 HMELOCK DRIVE MILLBURY, MA 01527 US			Mailing Address 30 HMELOCK DRIVE MILLBURY, MA 01527 US		
2. Principal Place of Business 1812 VistaLakes Drive Suite, Apt. #, etc.		3. Mailing Address 1812 Vista Lakes Drive Suite, Apt. #, etc.			
City & State Fleming Island, FL		City & State Fleming Island, FL		4. FEI Number 20-0071163	
Zip 32003-7310		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ACTIVE FILINGS, LLC 10651 NE 11TH COURT MIAMI SHORES, FL 33138				7. Name and Address of New Registered Agent Name Charles H.R. Volz, President, Volz & Associates, Inc. Street Address (P.O. Box Number is Not Acceptable) 1812 Vista Lakes Drive City Fleming Island FL Zip Code 32003-7310	
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 <u>Charles H.R. Volz, President, Volz & Associates, Inc.</u> <i>Charles H.R. Volz</i> 15 April 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	P VOLZ, CHARLES 30 HEMLOCK DRIVE MILLBURY, MA 01527		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Volz, Charles 18120 Vista Lakes Drive Fleming Island, FL 32003-7310	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>Charles H.R. Volz, President</u> <i>Charles H.R. Volz</i>			15 April 2004		904-278-6235
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>