

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-16-2004 90038 024 ***158.75

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1. Entity Name

FEDERAL EMPLOYEES COMP/EEO
CONSULTANTS/ADVOCATES, INC.



Principal Place of Business

2189 CLEVELAND ST STE 204C
CLEARWATER FL 33765

Mailing Address

2189 CLEVELAND ST STE 204C
CLEARWATER FL 33765

2. Principal Place of Business

1004 S. MARTIN Luther King
Suite, Apt. #, etc. STRADE

3. Mailing Address

P.O. BOX 4797
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State
Clearwater FL

FL

City & State
Clearwater FL

4. FEI Number

55-0840240

Applied For

Not Applicable

Zip
33756

Country
USA

Zip
33758

Country
USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPORICE, NELSON
C/O ALBANO & ASSOCIATES
1506 E MARIN L KING BLVD
TAMPA FL 33610

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME ALBRECHT, DEAN
STREET ADDRESS 2625 START RD 590 UNIT 1424
CITY-ST-ZIP CLEARWATER FL 33759

TITLE DS ☐ Delete
NAME PEREZ, LENIN V
STREET ADDRESS 3603 MALOA WAY
CITY-ST-ZIP TAMPA FL 33614

TITLE DV ☐ Delete
NAME PEREZ, VIVIAN L
STREET ADDRESS 3603 MALOA WAY
CITY-ST-ZIP TAMPA FL 33614

TITLE DT ☐ Delete
NAME BLACKBURN, CONNIE A
STREET ADDRESS 3092 DIAMOND HEAD DR E
CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition
NAME Albrecht, DEAN T.
STREET ADDRESS 306 WINDWARD PL
CITY-ST-ZIP Oldsmar, FL 34677

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: Connie A. Blackburn CONNIE A. Blackburn 41304 727-449-1984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #