

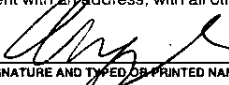


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90196 046 ***150.00

DOCUMENT # P03000090867 1. Entity Name LEMAY ASSOCIATES, INC.																																								
Principal Place of Business 1856 N WASHINGTON AVE CLEARWATER, FL 33755			Mailing Address 1856 N WASHINGTON AVE CLEARWATER, FL 33755																																					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 04302004 Chg-P CR2E034 (10/03)																																				
City & State		City & State																																						
Zip	Country	Zip	Country																																					
4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">20-0254753</div>		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 LEMAY, ANGELA 1856 N WASHINGTON AVE CLEARWATER, FL 33755																																				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____																																				
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				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.																																				
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