## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000106992

Address:

City-St-Zip:

TAMPA, FL 341181 US

Entity Name: C, ROBERT ORR ACCOUNTANT, INC.

Apr 27, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 16132 ALBRIGHT RD 4 NE 3RD ST SPRING HILL, FL 34610 US CRYSTAL RIVER, FL 34429 US **Current Mailing Address: New Mailing Address:** P.O. BOX 341181 4 NE 3RD ST TAMPA, FL 33694 US CRYSTAL RIVER, FL 34429 US FEI Number: 56-2401904 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ORR, CHARLES R 16132 ALBRIGHT RD SHRING HILL, FL 34610 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition ORR, SHERRY C Name: Name: P.O. BOX 341181 Address: Address: City-St-Zip: TAMPA, FL 33694 US City-St-Zip: Title: **TRES** Title: () Change () Addition () Delete Name: ORR, CHARLES R Name: P.O. BOX 341181 Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES R. ORR **TRES** 04/27/2004