

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000124536

FILED
Aug 26, 2004
Secretary of State

Entity Name: TIMOTHY GLOVER & ASSOCIATES, INC.

Current Principal Place of Business:

4061 SW WINSLOW ST.
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

3572 S.W CONIBEAR ST.
PORT ST. LUCIE, FL 34953

Current Mailing Address:

4061 SW WINSLOW ST.
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GLOVER, TIMOTHY
4061 SW WINSLOW ST.
PORT ST. LUCIE, FL 34953

Name and Address of New Registered Agent:

GLOVER, TIMOTHY
3572 S.W CONIBEAR ST.
PORT ST. LUCIE, FL 34953

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: TIMOTHY M. GLOVER

08/26/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OFFI () Change (X) Addition
Name: GLOVER, TIMOTHY M
Address: 3572 S.W CONIBEAR ST.
City-St-Zip: PORT ST LUCIE, FL 34953

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: TIMOTHY M. GLOVER

OFFI

08/26/2004

Electronic Signature of Signing Officer or Director

Date