

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90194 005 ***150.00

DOCUMENT # P03000157870



1. Entity Name

L. STACY HESSELGRAVE & ASSOCIATES, INC.

Principal Place of Business

19 CHRISTOPHER COURT
 PALM COAST FL 32137

Mailing Address

19 CHRISTOPHER COURT
 PALM COAST FL 32137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

14006696



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORTON, JOHN S
 431 NORTH GRANDVIEW AVE.
 DAYTONA BEACH FL 32118

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HESSELGRAVE, STACY	
STREET ADDRESS	19 CHRISTOPHER COURT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input type="checkbox"/> Delete
NAME	HESSELGRAVE, JAN	
STREET ADDRESS	19 CHRISTOPHER COURT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORTON, JOHN S	
STREET ADDRESS	431 N. GRANDVIEW AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Stacy Hesselgrave STACY HESSELGRAVE 4/13/04 386-445-1910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #