


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000008956																																										
1. Entity Name MICHAEL K. ZIMMERMAN, C.P.A., P.A.																																										
Principal Place of Business 1241 S. MYRTLE AVENUE CLEARWATER, FL 33756 US		Mailing Address 1241 S. MYRTLE AVENUE CLEARWATER, FL 33756 US																																								
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent PEARSE, RICHARD L JR 1239 SOUTH MYRTLE AVENUE CLEARWATER, FL 33756		04122004 No Chg-P CR2E034 (10/03)																																								
		4. FEI Number 59-3156687																																								
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>		Applied For <input type="checkbox"/> Not Applicable																																								
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																								
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 <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">TITLE</td><td style="width: 85%;">D</td></tr><tr><td>NAME</td><td>ZIMMERMAN, MICHAEL K</td></tr><tr><td>STREET ADDRESS</td><td>1241 SOUTH MYRTLE AVENUE</td></tr><tr><td>CITY-ST-ZIP</td><td>CLEARWATER, FL 33756</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	D	NAME	ZIMMERMAN, MICHAEL K	STREET ADDRESS	1241 SOUTH MYRTLE AVENUE	CITY-ST-ZIP	CLEARWATER, FL 33756	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		U000000115955 04/16/04-80044-019 150.00
		TITLE	D																																							
		NAME	ZIMMERMAN, MICHAEL K																																							
		STREET ADDRESS	1241 SOUTH MYRTLE AVENUE																																							
		CITY-ST-ZIP	CLEARWATER, FL 33756																																							
		TITLE																																								
		NAME																																								
STREET ADDRESS																																										
CITY-ST-ZIP																																										
TITLE																																										
NAME																																										
STREET ADDRESS																																										
CITY-ST-ZIP																																										
TITLE																																										
NAME																																										
STREET ADDRESS																																										
CITY-ST-ZIP																																										
TITLE																																										
NAME																																										
STREET ADDRESS																																										
CITY-ST-ZIP																																										
DO NOT WRITE IN THIS SPACE																																										
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: <u>Michael K Zimmerman</u> 4/12/04 727-449-1331 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																										