


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90986 042 \*\*\*150.00

<b>DOCUMENT # P93000000477</b> 1. Entity Name <b>MOORE &amp; MENKHAUS, P.A.</b>			
Principal Place of Business <b>2424 N. FEDERAL HWY SUITE 456 BOCA RATON FL 33431 US</b>		Mailing Address <b>2424 N. FEDERAL HWY SUITE 456 BOCA RATON FL 33431 US</b>	
2. Principal Place of Business <b>1900 Glades Rd.</b> Suite, Apt. #, etc. <b>Suite 401</b> City & State <b>Boca Raton, FL</b> Zip <b>33431</b> Country <b>US</b>		3. Mailing Address <b>1900 Glades Rd.</b> Suite, Apt. #, etc. <b>Suite 401</b> City & State <b>Boca Raton, FL</b> Zip <b>33431</b> Country <b>US</b>	
6. Name and Address of Current Registered Agent <b>MENKHAUS, DAVID J 2424 NORTH FEDERAL HIGHWAY SUITE 456 BOCA RATON FL 33431</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1900 Glades Rd.</b> <b>Suite 401</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33431</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, W. RODGERS 2424 N. FEDERAL HWY #456 BOCA RATON FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Moore, W. Rodgers 1900 Glades Rd Suite 401 Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENKHAUS, DAVID J 2424 N. FEDERAL HWY #456 BOCA RATON FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D menkhaus, David J. 1900 Glades Rd. Suite 401 Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <u>David J. Menkhaus</u> <b>4/21/04</b> <b>561-394-7910</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			