



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90046 027 \*\*\*150.00

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| DOCUMENT # P93000003611  |   |  |  |                |                      |   |   |   |  |  |  |       |    |        |       |  |                      |      |                  |  |      |  |  |                |  |  |                |  |  |             |               |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>1. Entity Name</b><br>MONEY STRATEGIES ADVISORS, INC.   |   |  |  |   |                      |   |   |   |  |  |  |       |    |        |       |  |                      |      |                  |  |      |  |  |                |  |  |                |  |  |             |               |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table style="width:100%; border: none;"> <tr> <td style="width: 33%; border: none; vertical-align: top;"> <b>Principal Place of Business</b><br/> <del>1250 EAU GALLIE BLVD</del><br/> <del>SUITE J</del><br/> <del>MELBOURNE, FL 32935</del> </td> <td style="width: 33%; border: none; vertical-align: top;"> <del>1250 EAU GALLIE BLVD</del><br/> <del>SUITE J</del><br/> <del>MELBOURNE, FL 32935</del> </td> <td style="width: 34%; border: none; vertical-align: top;"> <b>Mailing Address</b><br/>                 2909 W. New Haven Ave<br/>                 W. Melbourne<br/>                 FL 32934<br/>                 SAME             </td> </tr> </table>  |   |  |  |   |                      | <b>Principal Place of Business</b><br><del>1250 EAU GALLIE BLVD</del><br><del>SUITE J</del><br><del>MELBOURNE, FL 32935</del> | <del>1250 EAU GALLIE BLVD</del><br><del>SUITE J</del><br><del>MELBOURNE, FL 32935</del> | <b>Mailing Address</b><br>2909 W. New Haven Ave<br>W. Melbourne<br>FL 32934<br>SAME |  |  |  |       |    |        |       |  |                      |      |                  |  |      |  |  |                |  |  |                |  |  |             |               |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Principal Place of Business</b><br><del>1250 EAU GALLIE BLVD</del><br><del>SUITE J</del><br><del>MELBOURNE, FL 32935</del>  | <del>1250 EAU GALLIE BLVD</del><br><del>SUITE J</del><br><del>MELBOURNE, FL 32935</del> | <b>Mailing Address</b><br>2909 W. New Haven Ave<br>W. Melbourne<br>FL 32934<br>SAME              |  |   |                      |   |   |   |  |  |  |       |    |        |       |  |                      |      |                  |  |      |  |  |                |  |  |                |  |  |             |               |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2. Principal Place of Business</b><br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country   |   | <b>3. Mailing Address</b><br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country |  |               |                      |   |   |   |  |  |  |       |    |        |       |  |                      |      |                  |  |      |  |  |                |  |  |                |  |  |             |               |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   | 01122004      Chg-P      CR2E034 (10/03)   |  | <b>4. FEI Number</b><br>59-3161006  |                      |   |   |   |  |  |  |       |    |        |       |  |                      |      |                  |  |      |  |  |                |  |  |                |  |  |             |               |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |  |  | Applied For<br>Not Applicable   |                      |   |   |   |  |  |  |       |    |        |       |  |                      |      |                  |  |      |  |  |                |  |  |                |  |  |             |               |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |  |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required |                      |   |   |   |  |  |  |       |    |        |       |  |                      |      |                  |  |      |  |  |                |  |  |                |  |  |             |               |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>JONES, RICHARD O<br>1250 EAU GALLIE BOULEVARD<br>SUITE J<br>INDIALANTIC, FL 32935  |   |  | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City      FL      Zip Code |   |                      |   |   |   |  |  |  |       |    |        |       |  |                      |      |                  |  |      |  |  |                |  |  |                |  |  |             |               |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <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.</b>   |   |  |  |   |                      |   |   |   |  |  |  |       |    |        |       |  |                      |      |                  |  |      |  |  |                |  |  |                |  |  |             |               |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____   |   |  |  |   |                      |   |   |   |  |  |  |       |    |        |       |  |                      |      |                  |  |      |  |  |                |  |  |                |  |  |             |               |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>  |   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees       |  |   |                      |   |   |   |  |  |  |       |    |        |       |  |                      |      |                  |  |      |  |  |                |  |  |                |  |  |             |               |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table style="width:100%; border: none;"> <tr> <td colspan="3" style="border: none; text-align: center;"> <b>10. OFFICERS AND DIRECTORS</b> </td> <td colspan="3" style="border: none; text-align: center;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> </td> </tr> <tr> <td style="width: 15%; border: none;">TITLE</td> <td style="width: 45%; border: none;">DP</td> <td style="width: 40%; border: none; text-align: right;">Delete</td> <td style="width: 15%; border: none;">TITLE</td> <td style="width: 45%; border: none;"></td> <td style="width: 40%; border: none; text-align: right;">Change      Addition</td> </tr> <tr> <td style="border: none;">NAME</td> <td style="border: none;">FARRISH, JAMES A</td> <td style="border: none;"></td> <td style="border: none;">NAME</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">STREET ADDRESS</td> <td style="border: none;"><del>1250 EAU GALLIE BLVD, SUITE J</del></td> <td style="border: none;"></td> <td style="border: none;">STREET ADDRESS</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">CITY-ST-ZIP</td> <td style="border: none;">MELBOURNE, FL</td> <td style="border: none;"></td> <td style="border: none;">CITY-ST-ZIP</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table> |   |  |  |   |                      | <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> |  |  | TITLE | DP | Delete | TITLE |  | Change      Addition | NAME | FARRISH, JAMES A |  | NAME |  |  | STREET ADDRESS | <del>1250 EAU GALLIE BLVD, SUITE J</del> |  | STREET ADDRESS |  |  | CITY-ST-ZIP | MELBOURNE, FL |  | CITY-ST-ZIP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| NAME   | FARRISH, JAMES A  |  | NAME   |   |                      |   |   |   |  |  |  |       |    |        |       |  |                      |      |                  |  |      |  |  |                |  |  |                |  |  |             |               |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| STREET ADDRESS   | <del>1250 EAU GALLIE BLVD, SUITE J</del>  |  | STREET ADDRESS   |   |                      |   |   |   |  |  |  |       |    |        |       |  |                      |      |                  |  |      |  |  |                |  |  |                |  |  |             |               |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CITY-ST-ZIP  | MELBOURNE, FL   |  | CITY-ST-ZIP  |   |                      |   |   |   |  |  |  |       |    |        |       |  |                      |      |                  |  |      |  |  |                |  |  |                |  |  |             |               |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>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: <u>James A Farrish</u> Date: <u>4/13/04</u> Daytime Phone # _____   |   |  |  |   |                      |   |   |   |  |  |  |       |    |        |       |  |                      |      |                  |  |      |  |  |                |  |  |                |  |  |             |               |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |