


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000069733		
1. Entity Name SELF & WOLSKE, CPA, P.A.		
Principal Place of Business 121 E HIBISCUS BLVD MELBOURNE, FL 32901		Mailing Address 121 E HIBISCUS BLVD MELBOURNE, FL 32901
DO NOT WRITE IN THIS SPACE		
		 01072004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-3274865
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
SELF, JAMES H 121 EAST HIBISCUS BLVD MELBOURNE, FL 32901		DO NOT WRITE IN THIS SPACE
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 _____		
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
		U000000131976 04/27/04-80027-018 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SELF, JAMES H 2522 WATKINS DR. MELBOURNE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOLSKE, WILLIAM C 230 MAPLE DR. SATELLITE BEACH, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 807, 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: _____ SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date: 4/27/04 Daytime Phone # _____		