

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000079947

FILED
Jul 14, 2004
Secretary of State

Entity Name: BRUCE MOLLE & ASSOCIATES, INC.

Current Principal Place of Business:

4150 ST JOHNS PKWY
STE 1004
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

4150 ST JOHNS PKWY
STE 1004
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 59-3272464 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOLLE, BRETT
229 AQUA VISTA STREET
DEBARY, FL 32713 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOLLE, BRUCE
Address: 229 AQUA VISTA STREET
City-St-Zip: DEBARY, FL 32713

Title: STD () Delete
Name: MOLLE, BRETT
Address: 229 AQUA VISTA STREET
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOLLE, BRUCE
Address: 222 LINDA VISTA STREET
City-St-Zip: DEBARY, FL 32713

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE MOLLE

Electronic Signature of Signing Officer or Director

OWNE

07/14/2004

_____ Date