

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90683 046 \*\*\*150.00

**DOCUMENT # P95000003480**

1. Entity Name  
**ACCUMEN MARKETING SPECIALISTS, INC.**



Principal Place of Business  
**100 EAST GRANADA BLVD.  
ORMOND BEACH, FL 32176**

Mailing Address  
**100 EAST GRANADA BLVD.  
ORMOND BEACH, FL 32176**

**94051055**



02132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3302422**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**REINMAN, JAMES L ESQ.  
REINMAN, MATHESON, KOSTRO & VAUGHAN, P.A.  
100 EAST GRANADA BLVD. SUITE 104  
ORMOND BEACH, FL 32176**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DT
NAME	KANDEL, MARTIN M
STREET ADDRESS	21 RIVER RIDGE TR.
CITY - ST - ZIP	ORMOND BEACH, FL 32174
TITLE	DP
NAME	COLTELLI, LARRY
STREET ADDRESS	347 N. BEACH ST.
CITY - ST - ZIP	ORMOND BCH, FL 32174
TITLE	DS
NAME	SCHLOSSBERG, STEVE
STREET ADDRESS	1601 N HALIFAX AVE
CITY - ST - ZIP	DAYTONA BEACH, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Steven M. Schlossberg* 2/13/04  
Date Daytime Phone #

(386)  
757-2026