


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-20-2004 90081 015 \*\*\*150.00

<b>DOCUMENT #</b> P95000009617	
<b>1. Entity Name</b> DAVID SHEIN & ASSOCIATES, P.A.	

<b>Principal Place of Business</b> 1300 W. EAU GALLIE BLVD MELBOURNE, FL 32935 US	<b>Mailing Address</b> 1300 W. EAU GALLIE BLVD MELBOURNE, FL 32935 US
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01072004 Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 59-3292533	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>	
SHEIN, DAVID E 3061 RIO PLUMOSA NORTH INDIALANTIC, FL 32903	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

**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** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PD	<b>NAME</b> DAVID E. SHEIN <input type="checkbox"/> Delete	<b>TITLE</b> VD	<b>NAME</b> Brent R. Wente <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1300 W. EAU GALLIE BLVD	<b>CITY-ST-ZIP</b> MELBOURNE, FL	<b>STREET ADDRESS</b> 1300 W. Eau Gallie Blvd	<b>CITY-ST-ZIP</b> Melbourne, FL 32935
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP
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**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:**  **DAVID E. SHEIN** **1/8/04** **324 384-1300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #