


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90078 044 \*\*\*150.00

|   |                           |  |  |  |                                   |
|---|---------------------------|--|--|--|-----------------------------------|
| DOCUMENT # P95000085617   |                           |  |  |         |                                   |
| 1. Entity Name<br>CPA WEALTH MANAGEMENT SERVICES, P.A.  |                           |  |  |  |                                   |
| Principal Place of Business<br>215 BAYTREE DRIVE<br>SUITE 1<br>MELBOURNE, FL 32940  |                           |  | Mailing Address<br>215 BAYTREE DRIVE<br>SUITE 1<br>MELBOURNE, FL 32940 |  |                                   |
| 2. Principal Place of Business  |                           | 3. Mailing Address   |  |  |                                   |
| Suite, Apt. #, etc.   |                           | Suite, Apt. #, etc.  |  |  |                                   |
| City & State  |                           | City & State   |  | 4. FEI Number<br>59-3342125  |                                   |
| Zip   |                           | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                   |
| 6. Name and Address of Current Registered Agent   |                           |  | 7. Name and Address of New Registered Agent                            |  |                                   |
| ANDERSON, J. PATRICK<br>215 BAYTREE DRIVE<br>SUITE 1<br>MELBOURNE, FL 32940   |                           |  | 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 _____ (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>   |                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | \$5.00 May Be Added to Fees  |                                   |
| 10. OFFICERS AND DIRECTORS  |                           |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                  |  |                                   |
| TITLE   | D                         | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | HOYMAN, CHARLES W JR.     |  | NAME   |  |                                   |
| STREET ADDRESS  | 844 OAK PARK DRIVE        |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   | MELBOURNE, FL 32940       |  | CITY-ST-ZIP  |  |                                   |
| TITLE   | D                         | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | OSWALT, BARBARA J         |  | NAME   |  |                                   |
| STREET ADDRESS  | 675 WATERWOOD WAY         |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   | MELBOURNE, FL 32940       |  | CITY-ST-ZIP  |  |                                   |
| TITLE   | D                         | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | KIRKLAND, KAREN E         |  | NAME   |  |                                   |
| STREET ADDRESS  | 931 PALM BROOK DRIVE      |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   | MELBOURNE, FL 32940       |  | CITY-ST-ZIP  |  |                                   |
| TITLE   | D                         | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | KIRK, THOMAS L            |  | NAME   |  |                                   |
| STREET ADDRESS  | 695 CANAL COURT           |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   | SATELLITE BEACH, FL 32937 |  | CITY-ST-ZIP  |  |                                   |
| TITLE   |                           | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                           |  | NAME   |  |                                   |
| STREET ADDRESS  |                           |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   |                           |  | CITY-ST-ZIP  |  |                                   |
| TITLE   |                           | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                           |  | NAME   |  |                                   |
| STREET ADDRESS  |                           |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   |                           |  | CITY-ST-ZIP  |  |                                   |
| 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: <i>Thomas L Kirk</i>   |                           |  | Date: 4-7-2004   |  | Daytime Phone #: 321-255-0088     |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                           |  |  |  |                                   |

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01152004 Chg-P CR2E034 (10/03)