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May 06, 2004 8:00 am
Secretary of State
04-19-2004 90345 023 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000013045

1. Entity Name
AUGSPURGER & ASSOCIATES, P.A.

00419615

[redacted]

Principal Place of Business	Mailing Address
7301 W PALMETTO PARK RD STE 101 A BOCA RATON, FL 33433-3455 US	7301 W PALMETTO PARK RD STE 101 A BOCA RATON, FL 33433-3455 US

03162004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		P.O. Box 880808	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Boca Raton FL	
Zip	Country	Zip: 33488	Country: USA

4. FEI Number: 65-0641557 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AUGSPURGER, JENNIFER L
7301 W. PALMETTO PARK RD
STE 101A
BOCA RATON, FL 33433-3455

7. Name and Address of New Registered Agent

Name: Nancy E. Crown, Esq.
Street Address (P.O. Box Number is Not Acceptable): 7301 W. Palmetto Park Rd.
City: Boca Raton FL Zip Code: 33433

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] 4/16/04
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	AUGSPURGER, JENNIFER L		NAME		
STREET ADDRESS	7301 W PALMETTO PARK RD STE 101A		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 334333455		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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: [signature] 5/3/04 (561) 248-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #