2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
1. Entity Nam	MENT # P960000509 R AND ASSOCIATES, INC.	47			Sec	retary of Sta	ne
6801 LAKE V	oe of Business WORTH RD., #228 H, FL 33467 US	Mailing Address 6801 LAKE WORTH RD., #228 LAKE WORTH, FL 33467 U			O JANUA ANTA ANTA ANTA ANTA	EL MARRI BENTA BURTUR KARNI BURUL KARNEBER	الالاتا ال
D	O NOT WRITE 6. Name and Address of Current Reg		CE	02022004 4. FEI Numbe 65-068	No Chg-P	CR2E034 (10/03) Applie Not Ap \$8.75 Addition Fee Required	ed For
6801 LAKE	UZANNE MERMER E WORTH RD., #228 RTH, FL 33467	DO NOT WRITE IN THIS SPACE					
8. The above the obligat SIGNATURE	named entity submits this statement for the ions of registered agent. Signature, yield or printed name of registered agent and to	tile il applicable (NOTE, Registere	a Agent signature required	ed agent, or boo	th, in the State of Flo	DATÉ	l accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.		.00 May Be ed to Fees	02/25/04	3065663 -80047–007 ISO.	00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIF D MERMER, GLEN T 6801 LAKE WORTH RD., #228 LAKE WORTH, FL 33467 D MERMER, SUZANNE J 6801 LAKE WORTH RD #228	ECTORS		· ·			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAKE WORTH, FL 33467			DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SF	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE			l				

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

ADME AND TYPETON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-04

642-1605 Daystme Phone #