2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 04, 2004 08:00 AM **Secretary of State** DOCUMENT# P96000087965 RICHARD S. BOONE AND ASSOCIATES, INC. Mailing Address Principal Place of Business PO BOX 14189 4700 S BAILEY TAMPA, FL 33690 TAMPA, FL 33611 US 02032004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3408294 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOONE, RICHARD S DO NOT WRITE 4700 S BAILEY TAMPA, FL 33611 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS **PSD** TITLE BOONE, RICHARD S NAME STREET ADDRESS 4700 S BAILEY U00000036426 02/06/04-80057-017 150.00 TAMPA, FL 33611 CITY - ST - ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 eath; 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: Mehoul S. Boone

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF BRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2-3-04

813-205-972

FILED

Date