

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000088043

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: ANCOS, INC.

## Current Principal Place of Business:

400 N ASHLEY DR  
SUITE 2300  
TAMPA, FL 33602

## New Principal Place of Business:

100 N. TAMPA STREET  
SUITE 4100  
TAMPA, FL 33602

## Current Mailing Address:

400 N ASHLEY DR  
SUITE 2300  
TAMPA, FL 33602

## New Mailing Address:

100 N. TAMPA STREET  
SUITE 4100  
TAMPA, FL 33602

FEI Number: 59-3407578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: CASON, WARREN  
Address: 400 N ASHLEY DR SUITE 2300  
City-St-Zip: TAMPA, FL

Title: DC ( ) Delete  
Name: CASON, DOROTHY C  
Address: 934 GOLF VIEW  
City-St-Zip: TAMPA, FL

Title: DVP ( ) Delete  
Name: HOWELL, MARY E C  
Address: 5105 S NICHOL ST  
City-St-Zip: TAMPA, FL

Title: DVP ( ) Delete  
Name: CASON, CAREY C  
Address: 904 OAK HOLLOW PLACE  
City-St-Zip: BRANDON, FL 33510

Title: DAST ( ) Delete  
Name: SCOGGINS, MELISSA C  
Address: 1901 BROOKLINE AVE S  
City-St-Zip: TAMPA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: CASON, WARREN M  
Address: 100 N. TAMPA STREET  
City-St-Zip: TAMPA, FL 33602 US

Title: DC (X) Change ( ) Addition  
Name: CASON, DOROTHY C  
Address: 5121 S. NICHOL STREET  
City-St-Zip: TAMPA, FL 33611 US

Title: DVP (X) Change ( ) Addition  
Name: HOWELL, MARY E C  
Address: 5105 S NICHOL ST  
City-St-Zip: TAMPA, FL 33611US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DAST (X) Change ( ) Addition  
Name: SCOGGINS, MELISSA C  
Address: 301 BLANCHART VIEW DRIVE  
City-St-Zip: WHITEFISH, MT 59937 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WARREN M. CASON

PRES

04/27/2004

Electronic Signature of Signing Officer or Director

Date