


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000099001	
1. Entity Name NORTH & COMPANY, CPAS, P.A.	

Principal Place of Business 1727 SECOND STREET SUITE B SARASOTA, FL 34236	Mailing Address 1727 SECOND STREET SUITE B SARASOTA, FL 34236
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02182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0717370	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NORTH, WILLIAM E 1727 SECOND STREET SUITE B SARASOTA, FL 34236	DO NOT WRITE IN THIS SPACE
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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000062068
02/23/04-80105-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ENDRISS, JAMES 1590 FIRST ST SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORTH, WILLIAM E 1700 SHELBURNE LANE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOAR, JAMES 1590 FIRST ST SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NORTH, WILLIAM E II 7180 WILD HORSE SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #