

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90441 031 ***150.00

DOCUMENT # P97000001302

1. Entity Name
BERNIE MINOR & ASSOCIATES, INC.



Principal Place of Business
**P.O. BOX 8049
CLEARWATER, FL 33758-8049**

Mailing Address **WALTER SANDERS**
**3355 BEARSS AVE
TAMPA, FL 33618**

14016263

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FBI Number

59-3418048

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANDERS, WALTER
3355 BEARSS AVE
TAMPA, FL 33618**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Walter Sanders

Walter Sanders

04/10/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

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

TITLE **PD** ☐ Delete
NAME **MINOR, BERNARD**
STREET ADDRESS **2627 PAULA DRIVE NORTH**
CITY-STATE-ZIP **DUNEDIN, FL 34698**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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:

Bernard Minor

Bernard Minor

4/29/04 727-738-9490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #