

2004 FOR PROFIT CORPORATION ANNUAL REPORT

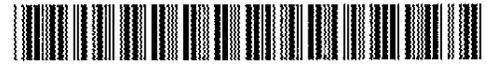
FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000010275
 1. Entity Name
 FRANK B. DOLPH, III & ASSOCIATES, INC.



Principal Place of Business 100 W CYPRESS CREEK RD 5TH FLOOR FORT LAUDERDALE, FL 33309 US	Mailing Address 100 W CYPRESS CREEK RD 5TH FLOOR FORT LAUDERDALE, FL 33309 US
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01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0795260	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HUSKEY, J. DAVID JR, ESQ
 2455 EAST SUNRISE BLVD
 PENTHOUSE WEST
 FORT LAUDERDALE, FL 33304

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

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 NAME STREET ADDRESS CITY-ST-ZIP	D DOLPH, FRANK B III 2405 NORTHEAST 13 COURT FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLPH, ELLEN R 2405 NORTHEAST 13 COURT FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/02/04-80020-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 or authorized 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: FRANK B. DOLPH, III DATE: 1-27-04 DAYTIME PHONE #: (954)958-4239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR