## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 26, 2004 08:00 AM Secretary of State DOCUMENT # P97000023933 AUTO ANSWER OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 4676 SOUTH U.S. #1 4676 SOUTH U.S. #1 FT PIERCE, FL 34982 FT PIERCE, FL 34982 CR2E034 (10/03) 04062004 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0739423 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FLESCHNER, WILLIAM PJR DO NOT WRITE 4676 SOUTH U.S. #1 FT PIERCE, FL 34982 IN THIS SPACE 5. 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 trile if applicable (NOTE: Registered Agent signature required whon reinstiting) 9. Election Campaign Financing \$5.00 May Be E NOW!!! FEE IS \$150.00 av 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS nne NAME FLESCHNER, WILLIAM P JR. 4676 SOUTH US # 1 STREET ADDRESS CITY-ST-ZIP FT PIERCE, FL 34982 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME

12. I hereby certify that the information supplied with this filling does not indicated on this report or supplemental report is flug and accurate of the corporation or the receiver of trustee among or or does cate to changed, or on an attachynein will an address, with all other tife en s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rafeland that my/signature shall have the same legal effect as if made under oath; that I am an officer or director fits report as jequired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if a enpowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITÝ-ST-ZIP

<del>William P. Fleschner,</del>

PRES. X 4/2004