

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000027282**

1. Entity Name  
**SPECIALIZED INFORMATION MANAGEMENT  
ASSOCIATES, INC.**



Principal Place of Business  
**7887 BRIANDAIRY RD  
SUITE 236  
LARGO, FL 33777 US**

Mailing Address  
**P.O. BOX 368  
LARGO, FL 33779 US**

**DO NOT WRITE IN THIS SPACE**



01172004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3436563**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**COLE, MICHAEL G  
1850 CLEARWATER HARBOR DRIVE  
LARGO, FL 33770**

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IN THIS SPACE**

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

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

(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. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MARONEY, DEBORAH L
STREET ADDRESS	4415 FALLBROOK BLVD
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	V
NAME	COLE, MICHAEL G
STREET ADDRESS	1850 CLEARWATER HARBOR DR
CITY-ST-ZIP	LARGO, FL 33770
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/05/04-80042-016 150.00

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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 changed, or on an attachment with an address, with all other like empowered.