


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State


DOCUMENT # P97000040059 1. Entity Name LONG & ASSOCIATES, INC.	
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Principal Place of Business 1701 CHRYSLER AVENUE SARASOTA, FL 34234 US	Mailing Address 1701 CHRYSLER AVENUE SARASOTA, FL 34234 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LONG, STANLEY T
1701 CHRYSLER AVENUE
SARASOTA, FL 34234**



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0745830	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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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 _____ (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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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONG, STANLEY T 1701 CHRYSLER AVENUE SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BODZIAK, SHARON M 7850 FRUITVILLE ROAD SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEXTER, JETT 1701 CHRYSLER AVENUE SARASOTA, FL 34234
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/26/04-80074-015 150.00

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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)(i), 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: Stanley Long **Stanley Long**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** **4/26/04**

Date Daytime Phone #