## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000061846

Entity Name: ROUVERS & ASSOCIATES, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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1656 N BLACKWELL DR 9390 NW 33RD PLACE PORT SAINT LUCIE, FL 34952 SUNRISE, FL 33351

Current Mailing Address: New Mailing Address:

1656 N BLACKWELL DR 9390 NE 33RD PLACE PORT SAINT LUCIE, FL 34952 SUNRISE, FL 33351

FEI Number: 62-1700846 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAMS, DOREEN

1656 N BLACKWELL DR

PORT SAINT LUCIE, FL 34952 US

WILLIAMS, DOREEN

9390 NW 33RD PLACE

SUNRISE, FL 33351 US

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.

SIGNATURE: DOREEN WILLIAMS 04/30/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition
Name: WILLIAMS, DOREEN
Address: 1656 N BLACKWELL DR Address: 9390 NW 33RD PLACE

 Address:
 1656 N BLACKWELL DR
 Address:
 9390 NW 33RD PLACE

 City-St-Zip:
 PT ST LUCIE, FL 34952
 City-St-Zip:
 SUNRISE, FL 33351

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WILLIAMS, MICHAEL
 Name:

 Address:
 9390 NW 33RD PLACE
 Address:

 City-St-Zip:
 SUNRISE, FL 33351
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOREEN WILLIAMS MRS 04/30/2004