## 2004 FOR PROFIT CORPORATION

## May 03, 2004 8:00 am Secretary of State **ANNUAL REPORT** 05-03-2004 90464 026 \*\*\*150.00 **DOCUMENT # P97000074819** STERN & ASSOCIATES, INC. 12011260 Principal Place of Business Mailing Address 3914 N. US HIGHWAY 301, STE. 700 3914 N. US HIGHWAY 301, STE. 700 TAMPA, FL 33619 TAMPA, FL 33619 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082004 CR2E034 (10/03) Cha-P 4. FEI Number Applied For City & State City & State 59-3460845 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent MITCHELL, MAX Street Address (P.O. Box Number is Not Acceptable) 3914 N. US HIGHWAY 301, STE. 700 TAMPA, FL 33619 Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE \$\$ \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10: EVPD: ☐ Delete TITLE ☐ Addition NAME : MITCHELL, MAX'W NAME STREET ADDRESS 3914 N. US HIGHWAY 301, STE. 700 STREET ADDRESS CITY-ST-ZIP 7 TAMPA, FL 33619 CITY-ST-ZIP P 7 ☐ Delete TITLE ☐ Change ☐ Addition NAME -STERN, MICHELE NAME STREET ADDRESS 3914 N US HWY 301 STE 700 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33619 CITY-ST-7IP TITLE Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP --CITY-ST-ZIP\_ TITI F Delete TITLE ☐ Change ☐ Addition

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.

NAME 1 1

STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED**