2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000034814

1. Entity Name
CORE RESEARCH, INC.

Principal Place of Business	Mailing Address
807 W. MORSE BOULEVARD SUITE 101 WINTER PARK, FL 32789	807 W. MORSE BOULEVARD SUITE 101 WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

03172004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3504873
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POHL & SHORT, P.A.
% FRANK L. POHL, ESQ.
280 W CANTON AVE., STE. 410
WINTER PARK, FL 32789

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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: ANDREW J. CUTLER, MD 17/MAR/2004 DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000103480
04/05/04-80056-018 8.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CUTLER, ANDREW J
STREET ADDRESS	807 W. MORSE BLVD STE 101
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	PD
NAME	CUTLER, ANDREW J
STREET ADDRESS	807 W MORSE BLVD, STE 101
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	BLAKESLEE, DIANE M
STREET ADDRESS	807 W MORSE BLVD, STE 101
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	SCOVANNER, WES
STREET ADDRESS	807 W MORSE BLVD STE 101
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/05/04-80056-019 150.00

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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: ANDREW J. CUTLER, MD 17/MAR/2004 407-644-1865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #