

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P98000034814 1. Entity Name CORE RESEARCH, INC.	
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Principal Place of Business 807 W. MORSE BOULEVARD SUITE 101 WINTER PARK, FL 32789	Mailing Address 807 W. MORSE BOULEVARD SUITE 101 WINTER PARK, FL 32789
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DO NOT WRITE IN THIS SPACE



03172004 No Chg-P CR2E034 (10/03)

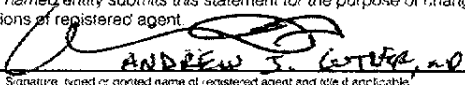
4. FEI Number 59-3504873	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

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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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:  **ANDREW J. CUTLER, MD** (NOTE: Registered Agent signature required when reinstating)

DATE: 17/MAR/2004

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

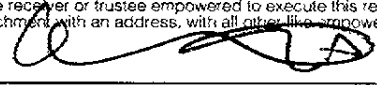
U000000103480
04/05/04-80056-018 8.75

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

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 #