


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 22, 2004 08:00 AM
Secretary of State

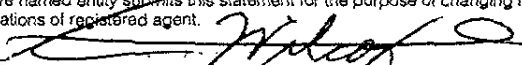
DOCUMENT # P98000053206 1. Entity Name SUSAN WILCOX & ASSOCIATES, INC.	
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Principal Place of Business 1277 SEMOBAN BLVD STE 114 ORLANDO, FL 32807	Mailing Address 8817 EL PRADO AVE. ORLANDO, FL 32825
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WILCOX, SUSAN 8817 EL PRADO AVE. ORLANDO, FL 32825	DO NOT WRITE IN THIS SPACE
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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:  DATE: **6-30-04**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reestablishing)

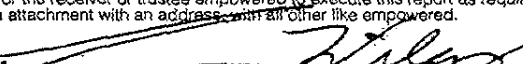
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILCOX, SUSAN 8817 EL PRADO AVE. ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KNOBLAUCH, JOHN R JR 8817 EL PRADO AVE. ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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07/22/04-80005-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: **6-30-04** DAYTIME PHONE #: **407 384-3317**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR