## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: /

## Jul 09, 2004 8:00 am **Secretary of State DOCUMENT # P98000055311** 1. Entity Name F.L. GAINES AND ASSOCIATES, INC. 07-09-2004 90003 034 \*\*\*550.00 1 4 3 mg. Principal Place of Business Mailing Address 😘 🧸 800 W. CYPRESS PREEK RD. -2636 SE 13TH CT = 4 POMPANO BEACH, FL 33062 #470 FORT LAUDERDANE, FL 33309 (3 Help) ETEKLOPOTIMENTERNO se Abstraction Start (net season Sinker on fore no :03242003 11/2 No Chg-P111 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For in opposite in the Industry is 28. 65-1086245 eningaments best Not Applicable inguisles, et elegal, i Tadane Tel inesé / wis venumence \$8.75 Additional Treffect Runnings Let. Mags. In Sects. 5. Certificate of Status Desired le come a such Fee Required 6. Name and Address of Current Registered Agent himid, unsymble WACHS, JEFFREY'S ESQ. tie Haitilie Entli DO NOT WRITE % DOUMAR, ALLSWORTH, CURTIS ET AL. e al restructuración **1177 S.E. 3RD AVENUE** IN THIS SPACE FORT LAUDERDALE, FL 33316 The short a filter was and add from a many of bill material productive deposit a simple of passes 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 algneture required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Due by September 8, 2004 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS s on the gradient of the second of the second 10. TITLE Many miles with the court GAINES, FRAZIER L NAME 2636 S.E. 13TH COURT STREET ADDRESS Capital Brushia in Adalah DIZ i Te sadangan CITY-ST-ZIP POMPANO BEACH, FL 33062 and will inside the first Cartination for TITLE entitive tends NAME STREET ADDRESS Period Line again areas enotal mais agent CITY-ST-ZIP from a veiling see art of revilled month TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE The second secon NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Principal Commence of the Comm STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 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.

FILED