


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000093821</b>	
1. Entity Name <b>SIMES &amp; ROSCH, P.A.</b>	

Principal Place of Business <b>3015 HARTLEY ROAD SUITE 2 JACKSONVILLE, FL 32257</b>	Mailing Address <b>3015 HARTLEY ROAD SUITE 2 JACKSONVILLE, FL 32257</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent	
<b>SIMES, DAVID W 2424 STONEBRIDGE DR. ORANGE PARK, FL 32065</b>	

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03172004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3541165</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSCH, SCOTT E 11401 LOWNDESBORO DR. JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMES, DAVID W 2424 STONEBRIDGE DR. ORANGE PARK, FL 32065
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03/18/04-80026-003 158.75

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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:** *[Signature]* **3/17/04** **904-260-3031**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #