



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91032 014 \*\*\*150.00

<b>DOCUMENT # P98000105090</b> 1. Entity Name <b>ALLAN K. HOROWITZ &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>900 WINDERLEY PLACE SUITE 145 MAITLAND, FL 32751</b>			Mailing Address <b>900 WINDERLEY PLACE SUITE 145 MAITLAND, FL 32751</b>		
2. Principal Place of Business <b>380 SOUTH STATE RD. 434</b> Suite, Apt. #, etc. <b>SUITE 1004-297</b>		3. Mailing Address <b>380 SOUTH STATE RD. 434</b> Suite, Apt. #, etc. <b>SUITE 1004-297</b>			
City & State <b>ALTAMONTE SPRINGS, FL</b>		City & State <b>ALTAMONTE SPRINGS, FL</b>		4. FEI Number <b>59-3547076</b>	
Zip <b>32714</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HOROWITZ, ALLAN K 900 WINDERLY PLACE, SUITE 145 MAITLAND, FL 32751</b>				7. Name and Address of New Registered Agent Name <b>HOROWITZ, ALLAN K.</b> Street Address (P.O. Box Number is Not Acceptable) <b>380 SOUTH STATE RD 434</b> <b>SUITE 1004-297</b> City <b>ALTAMONTE SPRINGS</b> <b>FL</b> Zip Code <b>32714</b>	
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: <u><i>x Allan Horowitz</i></u> DATE: <u>4/23/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS <input type="checkbox"/> Delete <b>HOROWITZ, ALLAN K 900 WINDERLEY PLACE MAITLAND, FL 32751</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>HOROWITZ, ALLAN K 380 SOUTH STATE RD. 434, SUITE 1004-297 ALTAMONTE SPRINGS, FL 32714</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>x Allan Horowitz</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/23/04</u> <u>407 579 0435</u> <small>Date Daytime Phone: e</small>		