2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 05, 2004 08:00 AM Secretary of State **DOCUMENT # P99000011163** ILEY & ASSOCIATES, INC. Principal Place of Business Mailing Address 13918 MEARES DR. 13918 MEARES DR. LARGO, FL 33774 LARGO, FL 33774 CR2E034 (10/03) 02272004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3556604 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ILEY, MARLA K 13918 MEARES DR. LARGO, FL 33774 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resistating) 1/00/00/04/55452 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees 05/05/04-800T8-023 :50.0A After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ILEY, MARLA K NAME STREET ADDRESS 13918 MEARES DR. CITY-ST-ZIP LARGO, FL 33774 TITLE ILEY, MICHAEL T NAME STREET ADDRESS 13918 MEARES DR. LARGO, FL 33774 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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: _

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Machael I Aly

4/28/04 727-593-1459

FILED