## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 29, 2004 08:00 AM Secretary of State

1. Entity Name	MENT # P99000020 FREY AND ASSOCIATES,		)			8	ecretary o	i State
Principal Place of Business		Mailing Address	Mailing Address					
805 JAMES LEE RD.		805 JAMES LEE RD.						
FT. WALTON F	BEACH, FL 32547	ft. Walton Beach	I, FL 3254	7	} 	BUR HAND RADU JUNU UU	71 <b>(19</b> 11)   1811   1911)   1911   1911   1911	
2. Principal Place of Business		3. Mailing Address						<b> </b>
Suite, Apt. #, etc		Suite, Apt #. etc		04142004	Chg-P	CR2E034 (10/03)	aliad For	
City & State		City & State Zip Country		4. FEI Number 59-3568		No	Applicable	
Zip	Country	Zip	Coor	y	5. Certificate o		\$8.75 Add Fee Required Registered Agent	
	6. Name and Address of Current	Registered Agent		Name	7. Name and A	idaless of Mew L	egistered Agent	
PELFREY, THOMAS E 805 JAMES LEE RD. FT. WALTON BEACH, FL 32547				Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip Code	
	named entity submits this statement for ions of registered agent					, in the State of Fi		and accept
	Signature, typed or printed name of registered agent	and little if applicable	(NO™E Registers	ed Agent signature requ	ured when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Car Trust Fund (	mpaign Fina Contribution		55.00 May Be added to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTORS	
TITLE	D	Delete	TOTA			llooooo	☐ Change	Addition
NAME	PELFREY, THOMAS E		NAA CTD	AE EET ADDRESS		jijijijiji Povočeva	1137989 -80062-021 1 <b>5</b> 0	
STREET ADDRESS CITY+ST-ZIP	120112121121		Y-\$1-ZIP			.anapa_nai 190		
TITLE	VP	☐ Delete	7(7)	.E			☐ Change	Addition
NAME	PELFREY, BILLIE L		NAM	l				ł
STREET ADDRESS  CITY - ST - ZIP	729 REVERE AVE.		STR	EET ADDRESS				
CITTAGE		7	E CIT	Y-SI-7IP				ļ
TITLE	FT. WALTON BEACH, FL 3254			Y-SI-ZIP			□ Change	□ Addition
TITLE NAME	FT. WALTON BEACH, FL 3254	7 Delete	CIT <sup>N</sup> TITE NAM	LE .			☐ Change	☐ Addition
	FT. WALTON BEACH, FL 3254		TITE NAM STR	E ME MEET ADDRESS			☐ Change	☐ Addition
NAME	FT. WALTON BEACH, FL 3254	☐ Delete	TITE NAM STR CIT	IE ME MEET AEDRESS Y-S1-ZIP				
NAME STREET ADDRESS CITY+ST+ZIP TITLE	FT. WALTON BEACH, FL 3254		HITE NAM STR CIT	.e Me Meet address Y-S1-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FT, WALTON BEACH, FL 3254	☐ Delete	HITE NAM STR CIT HITE NAM	.e Me Meet address Y-S1-ZIP				
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12. Thereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR