2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000097006

1. Entity Name

JEFFREY I. GORDON & ASSOCIATES, INC.



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

Principal Place of Business

Mailing Address

20251 MONTEVERDI CIRCLE BOCA RATON, FL 33498 20251 MONTEVERDI CIRCLE BOCA RATON, FL 33498



04122004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0963318 Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, JEFFREY I 20251 MONTEVERDI CIRCLE BOCA RATON, FL 33498

DO NOT WRITE IN THIS SPACE

| | | | | IIN | I NIS 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. | Signature, typed or printed name of registered agent and title if | 0.075 | | | |
| . | orginature, typed or printed name of registered agent and title in | applicable, thore, negistered | Agent signature | e required when reinstating) | DATE |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | Election Campaign Finance Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | TORS | | | <u></u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GORDON, JEFFREY I 20251 MONTEVERDI CIRCLE BOCA RATON, FL 33498 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | 900000138940 94/29/04-80038-021 158.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN . | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 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. | | | | | |