

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000110542

FILED
Feb 17, 2004
Secretary of State

Entity Name: JOSEPH B. MIZERECK & ASSOCIATES, INC.

Current Principal Place of Business:

601 LITCHFIELD ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

916 SHADOWLAWN DRIVE
TALLAHASSEE, FL 32312

Current Mailing Address:

601 LITCHFIELD ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

PO BOX 38051
TALLAHASSEE, FL 32315

FEI Number: 59-3618496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIZERECK, JOSEPH B
601 LITCHFIELD ROAD
TALLAHASSEE, FL 32312

Name and Address of New Registered Agent:

MIZERECK, JOSEPH B
916 SHADOWLAWN DRIVE
TALLAHASSEE, FL 32312

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.

SIGNATURE: JOSEPH B. MIZERECK

02/17/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MIZERECK, JOSEPH B
Address: 601 LITCHFIELD ROAD
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MIZERECK, JOSEPH B
Address: 916 SHADOWLAWN DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH B. MIZERECK

PRES

02/17/2004

Electronic Signature of Signing Officer or Director

Date