


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # S11099**  
 1. Entity Name  
**CAREER DIMENSIONS, INC.**



Principal Place of Business      Mailing Address  
 900 E OCEAN BLVD                      900 E OCEAN BLVD  
 SUITE 232                                  SUITE 232  
 STUART, FL 34994                      STUART, FL 34994



**DO NOT WRITE IN THIS SPACE**

01272004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>65-0231819</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**WELCH, R. THOMAS**  
**2001 RACQUET CLUB DRIVE**  
**PALM CITY, FL 34990**

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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 \_\_\_\_\_      (NOTE: Registered Agent signature required when reappointing)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WELCH, R. THOMAS 2001 RACQUET CLUB DR PALM CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WELCH, KATHLEEN A 2001 RACQUET CLUB DR PALM CITY, FL
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 01/30/04-80001-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 lines empowered.

**SIGNATURE:** *R. Thomas Welch*      **R. Thomas Welch**      1/27/04

\_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #