2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2004 8:00 am Secretary of State

DOCUMENT # S43471 1. Enlity Name WILLIAM B. HUMPHREYS & ASSOCIATES, INC.					03-15-2004 90061 005 ***150.00		
Principal Place of Business Mailing Address 6617 SW 64 CT. 6617 SW 64 CT. S. MIAMI, FL 33143 - S. MIAMI, FL 33143							
2. Principal Place of Business		3. Mailing Address			- 1726/4/4 10 6/54 10/1 6/6/4 1424		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03102004 Chg-P	CR2E034 (10/03)	
City & State		City & State			4. FEI Number 65-0257599		olied For Applicable
Zip	Country	Zip Country			5. Certificate of Status Desired	d S8.75 Addi Fee Required	
6. Name and Address of Current Registered Agent Name					7. Name and Address of New	v Registered Agent	
BATULE, GLORIA, C.P.A. 728 N. LE JEUNE ROAD SUITE 442 4440 MIAMI, FL 33126			Street Ad	Idress (f	P.O. Box Number is Net Accepta	ible)	
∢€ 			City			FL Zip Code	·
8. The above named of the obligations of re		or the purpose of changing its	registered office or	register	ed agent, or both, in the State of	Florida. I am familiar with, a	and accept
SIGNATURE				re required	when reinstating)	DATE	
FILE NOW After May 1, 2	III FEE IS \$150.00 004 Fee will be \$550.	9. Election Campai	gn Financing ribution.		00 May Be ed to Fees		
10. OFFICERS AND DIRECTORS			11.	-	ADDITIONS/CHANGES TO C		
NAME HUMP	HREY, WILLIAM B. SW 64TH COURT	E3 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		:	☐ Change	Addition
1	N, LEATRICE SW 64TH COURT , FL	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
NAME _STREET ADDRESS.		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		and the same of th	☐ Change	Addition
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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)(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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Date							