

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S82512

**FILED
Jan 06, 2004
Secretary of State**

Entity Name: CARMONA & DENNSTEDT, A PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

951 N. WASHINGTON AVE.
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

951 N. WASHINGTON AVE.
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 59-3084279 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

EVANS, ESQ, JOHN H
1702 S WASHINGTON AVE
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARMONA, PEDRO A.,
Address: 3420 MUIRFIELD DR
City-St-Zip: TITUSVILLE, FL 32780

Title: ST () Delete
Name: DENNSTEDT, FREDERICK,
Address: 1503 BLACK BEAR CT
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FREDERICK E. DENNSTEDT

ST

01/06/2004

Electronic Signature of Signing Officer or Director

_____ Date