## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # S99029**

1. Entity Name

HUTCHISON, MAMELE & COOVER, P.A.



Principal Place of Business

230 NORTH PARK AVENUE SANFORD, FL 32771

Mailing Address

230 NORTH PARK AVENUE SANFORD, FL 32771

## FILED Feb 17, 2004 8:00 am Secretary of State

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02022004	No Chg-P	CR2E034 (10/03)	

4. FEI Number		Applied For
59-3093750		Not Applicable
5. Certificate of Status Desired	\$8.75	Additional

6. Name and Address of Current Registered Agent

MAMELE, RICHARD L. 230 NORTH PARK AVENUE SANFORD, FL 32771

## DO NOT WRITE IN THIS SPACE

					•	ng
8. The above	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or re	egistered agent, or both	n, in the State of Florida. I am familiar with, a	nd accept
ille obligat	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			i i i i i i i i i i i i i i i i i i i	
SIGNATURE_	Signature, typed or printed name of registered agent and title if	annlicable (NOTE: Registerer	Agent signature	required when reinstating)	DATE	
** 1.	Signature, types or printed have or registered again and and and	application (NOTE, Nogistale)	Agent signature	required when remarkating)	DALC	
; FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign Finan		\$5.00 May Be		
* After M	ay 1, 2004 Fee will be \$550.00	Trust Fund Contribution.	IJ	Added to Fees		
10.	OFFICERS AND DIREC	TORS		<del></del>		
TITLE	D				•	
NAME	MAMELE, RICHARD L.					
STREET ADDRESS	230 NORTH PARK AVENUE				*	
CITY-ST-ZIP	SANFORD, FL	79444			.5	
TITLE NAME	D COOVER, STEPHEN H.		·		<b>₫</b>	
STREET ADDRESS	230 NORTH PARK AVENUE					
CITY-ST-ZIP	SANFORD, FL					
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STREET ADDRESS	19 to 19	t. 11		and the second of the second o	and a second of the property of the	
CITY-ST-ZIP						
<b>12.</b> I hereby of	certify that the information supplied with this fil	ing does not qualify for the exer	nption stated	d in Section 119.07(3)(i)	, Florida Statutes. I further certify that the info	ormation

2. Thereby Certify that the information supplied with this lilling does not quality 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 eath; 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:

KICH

RICHARD L. MAMELE

2-2-04

407 322 4051

Daytime Phone #