

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V22377

FILED
Feb 03, 2004
Secretary of State

Entity Name: PHOENIX ASSOCIATES OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1786 TRADE CENTER WAY
SUITE 2
NAPLES, FL 34109 US

New Principal Place of Business:

2960 IMMOKALEE ROAD
NAPLES, FL 34110 US

Current Mailing Address:

1786 TRADE CENTER WAY
SUITE 2
NAPLES, FL 34109 US

New Mailing Address:

2960 IMMOKALEE ROAD
NAPLES, FL 34110 US

FEI Number: 65-0319840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEVIN MCVICKER
1786 TRADE CENTER WAY
UNIT 2
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

MCVICKER, KEVIN
2960 IMMOKALEE ROAD
NAPLES, FL 34110 US

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: KEVIN MCVICKER

02/03/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOSHER, STAN
Address: 1786 TRADE CENTER WAY, #2
City-St-Zip: NAPLES, FL 34109

Title: VD () Delete
Name: HOWELL, BRIAN
Address: 1786 TRADE CENTER WAY, #2
City-St-Zip: NAPLES, FL 34109

Title: STD () Delete
Name: MCVICKER, KEVIN,
Address: 1786 TRADE CENTER WAY, #2
City-St-Zip: NAPLES, FL 34109

Title: VD () Delete
Name: JOHNS, RANDY
Address: 1786 TRADE CENTER WAY, #2
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: BRIAN HOWELL

VD

02/03/2004

Electronic Signature of Signing Officer or Director

Date