

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000075561

FILED
May 03, 2004
Secretary of State

Entity Name: PHYLLIS L. OSTERCHRIST, CPA, P.A.

Current Principal Place of Business:

405 SOUTH HARBOR DRIVE
NORTH KEY LARGO, FL 33037 US

New Principal Place of Business:

4865 LONGWOOD POINT
COLORADO SPRINGS, CO 80906 US

Current Mailing Address:

405 SOUTH HARBOR DRIVE
NORTH KEY LARGO, FL 33037 US

New Mailing Address:

4865 LONGWOOD POINT
COLORADO SPRINGS, CO 80906 US

FEI Number: 65-0615231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNN, SANDRA T ESQ
830 N KROME AVE
HOMESTEAD, FL 33090 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: PS () Delete
Name: OSTERCHRIST, PHYLLIS L
Address: 405 SOUTH HARBOR DRIVE
City-St-Zip: KEY LARDO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: OSTERCHRIST, PHYLLIS L
Address: 4865 LONGWOOD POINT
City-St-Zip: COLORADO SPRINGS, CO 80906 US

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: PHYLLIS L OSTERCHRIST

PS

05/03/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date