

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # F03683**

1. Entity Name  
RICHARD H. WILLITS, P.A.



Principal Place of Business  
2290 10TH AVE. NO.  
SUITE 404  
LAKE WORTH, FL 33461

Mailing Address  
2290 10TH AVE. NO.  
SUITE 404  
LAKE WORTH, FL 33461

**FILED**  
04 JAN 26 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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01082004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2035449

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

WILLITS, RICHARD H  
2290 10TH AVE. NO.  
SUITE 404  
LAKE WORTH, FL 33461

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
WILLITS, RICHARD H  
STE. 404 2290 10TH AVE. NO.  
LAKE WORTH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

600027894976  
01/29/04--01086--012 \*\*150.00

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IN THIS SPACE**

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 individuals empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

1-16-04 561-582-7600

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