

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90172 002 ***150.00

DOCUMENT # G02695

1. Entity Name
LAW, REDD, CRONA & MUNROE, P.A.



Principal Place of Business

% HARRY L. REDD
2727 APALACHEE PARKWAY
TALLAHASSEE, FL 32301-3629

Mailing Address

% HARRY L. REDD
2727 APALACHEE PARKWAY
TALLAHASSEE, FL 32301-3629

DO NOT WRITE IN THIS SPACE



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2221664

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAW, RICHARD H
2727 APALACHEE PARKWAY
TALLAHASSEE, FL

**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 V
NAME LAW, RICHARD H
STREET ADDRESS 2727 APALACHEE PARKWAY
CITY - ST - ZIP TALLAHASSEE, FL 32301

TITLE ~~P~~
NAME ~~CRONA, WILLIAM B~~
STREET ADDRESS ~~2727 APALACHEE PARKWAY~~
CITY - ST - ZIP ~~TALLAHASSEE, FL 32301~~

TITLE T
NAME REDD, HARRY
STREET ADDRESS 2727 APALACHEE PARKWAY
CITY - ST - ZIP TALLAHASSEE, FL 32301

TITLE S
NAME MUNROE, PETER G.
STREET ADDRESS 2727 APALACHEE PARKWAY
CITY - ST - ZIP TALLAHASSEE, FL

TITLE P
NAME GANDY, BONNIE
STREET ADDRESS 2727 APALACHEE PKWY
CITY - ST - ZIP TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/04

Date

450 878 6189

Daytime Phone #