2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000022202

1. Entity Name
MILLS PASKERT DIVERS P.A.

Principal Place of Business	Mailing Address
100 N. TAMPA STREET, SUITE 2010 TAMPA, FL 33602	100 N. TAMPA STREET, SUITE 2010 TAMPA, FL 33602

04162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3029197

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KALISH, WILLIAM
100 S. ASHLEY DRIVE, SUITE 1500
TAMPA, FL 33602

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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	PD
NAME	MILLS, E.A. JR.
STREET ADDRESS	100 N. TAMPA STREET, SUITE 2010
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	VPSD
NAME	PASKERT, JEFFREY M
STREET ADDRESS	100 N. TAMPA STREET, SUITE 2010
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	VPTD
NAME	DIVERS, BRETT D.
STREET ADDRESS	100 N. TAMPA STREET, SUITE 2010
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/04-80015-023 158.75

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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: Jeffrey M. Paskert Jeffrey M. Paskert 4-19-04 813-229-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #