

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000106193 1. Entity Name KATHY E. HARRELL, P.A.	
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Principal Place of Business 1600 S FEDERAL HIGHWAY SUITE 200 FORT PIERCE, FL 34950-5194	Mailing Address 1600 S FEDERAL HIGHWAY SUITE 200 FORT PIERCE, FL 34950-5194
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DO NOT WRITE IN THIS SPACE



03192004 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2299904	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARRELL, DANIEL B 1600 S FEDERAL HIGHWAY SUITE 200 FORT PIERCE, FL 34950-5194
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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 _____
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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	000000096281 03/25/04-80023-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRELL, KATHY E 1600 S FEDERAL HIGHWAY SUITE 200 FORT PIERCE, FL 349505194
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RUSS, KAREN B 1600 S. FEDERAL HWY, STE 200 FORT PIERCE, FL 34950
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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: <u>Karen B. Russ</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>KAREN B. RUSS</u>	<u>3/22/04</u>	<u>772-464-1032</u> Daytime Phone #
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