## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

## Aug 12, 2004 8:00 am Secretary of State DOCUMENT # P03000101597 1. Entity Name 08-12-2004 90004 001 \*\*\*150.00 JOANNE M. TOTTEN, P.A. Principal Place of Business Mailing Address 7388 PINE CREEK WAY PORT ST LUCIE FL 34986 7388 PINE CREEK WAY PORT ST LUCIE FL 34986 **J4U68U57** Effective. 2. Principal Place of Business 3. Mailing Address 8833 FIRST TEE RD 8833 FIRST TEE Suite, Apt. #, etc. MOORE CR2E034 (4/04) City & State City & State Applied For 47-0930904 Not Applicable PORT ST. LUCIE PORT ST. LUCIE Zip Country \$8.75 Additional 5. Certificate of Status Desired 34986 34986 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) TOTTEN, JOANNE M-7388 PINE CREEK WAY 8833 FIRST TEE RD PORT ST LUCIE FL 34986 PORT ST. LUCIE Zip Code **ろЧり**とし 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 \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be late fee. By checking this box, the corporation certifies it DUE BY September 8, 2004 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Addition PRESIDENT TITLE Delete TITLE TOTTEN, JOANNE M NAME TOTTEN, JOANNE NAME STREET ADDRESS 7388 PINE CREEK WAY STREET ADDRESS 8833 FIRST TEE AD 34986 CITY-ST-ZIP PORT ST LUCIE FL 34986 CITY-ST-ZIP PORT ST LUCIE Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:**

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #