


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05 2004 08:00 AM
Secretary of State

DOCUMENT # G50301 1. Entity Name LENARD H. GORMAN, P.A.	
---	---

Principal Place of Business 1320 SOUTH DIXIE HWY 1275 CORAL GABLES, FL 33146 US	Mailing Address 1320 SOUTH DIXIE HWY 1275 CORAL GABLES, FL 33146 US
---	---

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P... CR2E034 (10/03)

4. FEI Number 59-2311511	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GORMAN, LENARD H. 13700 SW 103RD AVE. MIAMI, FL 33176
--

**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 _____ (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	PDTS GORMAN, LENARD H 13700 SW 103RD AVE MIAMI, FL 00000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000102923
04/05/04-80035-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information submitted 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 to my address, with all other like empowered.

SIGNATURE:  **LENARD H GORMAN** **4/2/04** **(305) 668-8288**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #