

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

FILED
May 25, 2004 8:00 am
Secretary of State

04-16-2004 90070 024 ***150.00

66424046



MOORE CR2E034 (11/03)

DOCUMENT # P03000033328

1. Entity Name
AMOREE LANAHA, L.C.S.W., P.A.



Principal Place of Business
**131 W. MAIN STREET
TAVARES FL 32778**

Mailing Address
**131 W. MAIN STREET
TAVARES FL 32778**

2. Principal Place of Business
203 St. Clair Abrams Avenue

3. Mailing Address
P.O. Box 64

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
Tavares, FL

City & State
Tavares, FL

Zip
32778

Country
Lake

City & State
Tavares, FL

Zip
32778

Country
Lake

4. FEI Number
61-0450923

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

6. Name and Address of Current Registered Agent

**LANAHA, AMOREE
131 W. MAIN STREET
TAVARES FL 32778**

7. Name and Address of New Registered Agent

Name
P.O. Box 64 203 St. Clair Abrams Avenue

Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 64 203 St. Clair Abrams Avenue

City
Tavares

State
FL

Zip Code
32778

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 **A Lanaha Amoree Lanaha** DATE **4-13-04**

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME LANAHA, AMOREE	
STREET ADDRESS 131 W. MAIN STREET	
CITY-STATE-ZIP TAVARES FL 32778	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-STATE-ZIP 	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-STATE-ZIP 	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-STATE-ZIP 	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-STATE-ZIP 	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 203 St. Clair Abrams Avenue	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME P.O. Box 64	
STREET ADDRESS Tavares, FL 32778	
CITY-STATE-ZIP Tavares, FL 32778	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 	
STREET ADDRESS 	
CITY-STATE-ZIP 	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 	
STREET ADDRESS 	
CITY-STATE-ZIP 	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 	
STREET ADDRESS 	
CITY-STATE-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: **A Lanaha Amoree Lanaha** DATE **4-13-04** 352-223-3186