

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 295480

1. Entity Name
TEQUESTA AGENCY INC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 20 AM 8:00

Principal Place of Business
218 S US HWY ONE
STE 300
TEQUESTA, FL 33469-3098 US

Mailing Address
218 S US HWY ONE
STE 300
TEQUESTA, FL 33469-3098 US



01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1112689

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KASTEN, MARK
218 S US HWY ONE
TEQUESTA, FL 33469

**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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MARTYN III, CHARLES P
5332 PENNOCK POINT ROAD
JUPITER, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
KASTEN, MARK. J
10460 SE SILVER PALM WAY
TEQUESTA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HUTCHINSON, TODD P
248 BARBADOS DRIVE
JUPITER, FL 33477

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SULLIVAN, PATRICIA W
3770 SW SUNSET TRACE CR.
PALM CITY, FL 34990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300029323893
02/24/04--01050--025 **150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-04

Date

561 746 4546

Daytime Phone #