

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90058 001 ***150.00

DOCUMENT # 356189

1. Entity Name
PAUL R. THEEN, INC..



Principal Place of Business
920 BAYSHORE DRIVE
ENGLEWOOD, FL 34223

Mailing Address
920 BAYSHORE DRIVE
ENGLEWOOD, FL 34223



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1393911	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

THEEN, ~~PAUL R.~~ **LUCILLE K**
920 BAYSHORE DR
ENGLEWOOD, FL 33533

**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

Lucille Theen

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-04

**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 ~~PO~~
NAME ~~THEEN, PAUL R.~~
STREET ADDRESS ~~920 BAYSHORE DRIVE~~
CITY-ST-ZIP ~~ENGLEWOOD, FL~~

TITLE **D**
NAME **THEEN, DAVID R.**
STREET ADDRESS **916 BAYSHORE DRIVE**
CITY-ST-ZIP **ENGLEWOOD, FL**

TITLE **D**
NAME **THEEN, LUCILLE K**
STREET ADDRESS **920 BAYSHORE DRIVE**
CITY-ST-ZIP **ENGLEWOOD, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

Lucille Theen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/04

Date

474-8069

Daytime Phone #