

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90025 009 \*\*\*150.00

**DOCUMENT # 362976**

1. Entity Name  
**LAURA B. HANCOCK, OF FT. PIERCE, INC.**



**Principal Place of Business**

2800 OCEAN DR  
STE D-1  
VERO BEACH, FL 32963 US

**Mailing Address**

2800 OCEAN DR  
STE D-1  
VERO BEACH, FL 32963 US

**44015092**



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FE! Number <b>59-1292318</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

REEVES, BETTY  
2800 OCEAN DR  
STE D-1  
VERO BEACH, FL 32963

**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 REEVES, BETTY 2800 OCEAN DR STE D-1 VERO BEACH, FL 32963
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD REEVES, BETTY ANN 1840 TARPON LANE D-204 VERO BEACH, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD REEVES, BETTY ANN 1840 TARPON LANE D-204 VERO BEACH, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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

Date

Daytime Phone #