

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 471960

1. Entity Name
KIRKCONNELL, LINDSEY, SNURE & YATES, P.A.



Principal Place of Business
**1150 LOUISIANA AVE #1
WINTER PARK, FL 32789**

Mailing Address
**1150 LOUISIANA AVE #1
WINTER PARK, FL 32789**



01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1576047

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KIRKCONNELL, KIRK N
1150 LOUISIANA AVE #1
WINTER PARK, FL 32789**

**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	V
NAME	LINDSEY, WARREN W.
STREET ADDRESS	#1, 1150 LOUISIANA AVE.
CITY-ST-ZIP	WINTER PARK FL,
TITLE	DPT
NAME	KIRKCONNELL, KIRK N
STREET ADDRESS	#1, 1150 LOUISIANA AVE.
CITY-ST-ZIP	WINTER PARK, FL
TITLE	T
NAME	SNURE, MICHAEL J.
STREET ADDRESS	1 - 1150 LOUISIANA AVE.
CITY-ST-ZIP	WINTER PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DOCUMENT# 471960
02/23/04-60090-025 150.00**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 persons empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/04

Daytime Phone # _____