2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2004 8:00 am Secretary of State

DOCUMENT # 570205 1. Entity Name HANFORD G. BRACE, P.A.					03-05-2004 90008 028 ***150.00				
Principal Place	Mailing Address								
1575 OLEANDER DR.		1575 OLEANDER DR.							
AVON PARK, FL 33825		AVON PARK, FL 33825						5401	5273
•						BIR BBI IB Kali Bbibi b ili			
2. Principal Place of Business		3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		02262004	Chg-P	CR2E034	(10/03)		
City & State		City & State			4. FEI Number			I An	plied For
					59-1791957 Not Applicable				
Zip	Country	Zip	Country		5. Certificate of	Status Desired		8.75 Add	
				· · · · · · · · · · · · · · · · · · ·			F6	e Require	đ
6. Name and Address of Current Registered Agent				Name	/. Name and A	ddress of New Re	egistered Ag	ent	
BRACE, HANFORD G.			a replacement of the second of						
1575 OLEANDER DR AVON PARK, FL 33825				Street Address (P.O. Box Number is Not Acceptable)					
AVUN PAR	RK, FL 33825						and the state of t		
				City				Zip Cod	<u> </u>
					FL	<u> </u>			
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 \$5.00 May Be Trust Fund Contribution.									
10.	OFFICERS AND		11.		ADDITIONS/CI	HANGES TO OFFI			
TITLE			TITLE			÷ .	[Change	Addition
STREET ADDRESS	1575 OLEANDER DR		NAM STRE	ET ADDRESS					
CITY-ST-ZIP	AVON PARK, FL 33825			-ST-ZIP					
TITLE .	sv	☐ Delete	TITLE	<u> </u>			[Change	☐ Addition
NAME	BRACE, ONA J	•							
STREET ADDRESS CITY-ST-ZIP	1575 OLEANDER DR AVON PARK, FL 33825	• • • • • • • • • • • • • • • • • • • •		ET ADDRESS					
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CITY-ST-ZIP 15	· 网络特拉克 人名德里斯	The second of th		-ST-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 corporation of the receiver or trustee empowered to execute this corporation.									
⊸ of the cor	noration or the receiver or trustee emp	owered to execute this renort	as renui	red by Chanter 607	: Florida Statutes:	and that my name	annears in f	Riock 10 or	Block 11 if

HANFOLD BRACE