

**-2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90301 041 ***150.00

DOCUMENT # 601038

1. Entity Name

COLSON HICKS EIDSON, P.A.



Principal Place of Business

255 ARAGON AVENUE
2ND FLOOR
CORAL GABLES FL 33134-5008
US

Mailing Address

P O BOX 141108
CORAL GABLES FL 33114
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1261170

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

EIDSON, LEWIS S JR
255 ARAGON AVENUE
2ND FLOOR
CORAL GABLES FL 33134-5008

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME LEWIS S. EIDSON
STREET ADDRESS 255 ARAGON AVENUE, 2ND FLOOR
CITY-ST-ZIP CORAL GABLES FL 33134-5008

TITLE VPS ☐ Delete
NAME DEAN C. COLSON
STREET ADDRESS 255 ARAGON AVENUE, 2ND FLOOR
CITY-ST-ZIP CORAL GABLES FL 33134-5008

TITLE TD ☐ Delete
NAME DEAN C. COLSON
STREET ADDRESS 255 ARAGON AVENUE, 2ND FLOOR
CITY-ST-ZIP CORAL GABLES FL 33134-5008

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-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 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 #

3/24/04