

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 601395

1. Entity Name

ZISSER, ROBISON, BROWN & NOWLIS, P.A.



Principal Place of Business

ONE INDEPENDENT DR.
SUITE 3306

JACKSONVILLE, FL 32202 US

Mailing Address

ONE INDEPENDENT DR.
SUITE 3306

JACKSONVILLE, FL 32202 US



03082004

No Chg-P

CR2E034 (10/03)

4. FEI Number
59-1279622

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ZISSER, BARRY L.
ONE INDEPENDENT DR., SUITE 3306
JACKSONVILLE, FL 32202

**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	PD
NAME	ZISSER, BARRY L.
STREET ADDRESS	ONE INDEPENDENT DR. #3306
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	VD
NAME	ZISSER, ELLIOT
STREET ADDRESS	ONE INDEPENDENT DR. #3306
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	VD
NAME	BROWN, DONALD
STREET ADDRESS	ONE INDEPENDENT DR. #3306
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	SD
NAME	NOWLIS, NANCY N
STREET ADDRESS	ONE INDEPENDENT DR. #3306
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000108258
04/09/04-80048-010 150.00

**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

Nancy N. Nowlis NANCY N. NOWLIS 4-6-04 (904) 353-3222