


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2004 08:00 AM
Secretary of State

DOCUMENT # 601731 1. Entity Name REID, LENTZ AND ASSOCIATES, P.A.	
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Principal Place of Business 1725 MAYACOO LATES BLVD. WEST PALM BEACH, FL 33711 US	Mailing Address 1725 MAYACOO LATES BLVD. WEST PALM BEACH, FL 33711 US
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06142004 No Chg-P CR2E034 (10/03)

4. FCI Number 59-1281682	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent REID, LAWRENCE 1725 MAYACOO LAKES BLVD. WEST PALM BEACH, FL 33411
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**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's signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P REID, LAWRENCE R P. O. BOX 1067 LOXAHATCHEE, FL 334701067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LENTZ, ROBERT M.D. P. O. BOX 1067 LOXAHATCHEE, FL 334701067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T REID, LAWRENCE R P. O. BOX 1067 LOXAHATCHEE, FL 334701067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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UN00000163184
07/06/04-80003-008 150.00

**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 #