

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 604949

1. Entity Name
**DIVINE, BLALOCK, MARTIN & SELLARI, PROFESSIONAL
ASSOCIATION**



Principal Place of Business
**560 VILLAGE BLVD SUITE 335
WEST PALM BEACH, FL 33409**

Mailing Address
**560 VILLAGE BLVD SUITE 335
WEST PALM BEACH, FL 33409**



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
59-1498723

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTIN, G. MICHAEL
560 VILLAGE BLVD SUITE 335
WEST PALM BEACH, FL 33409**

**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 re-statutag)

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	DSTP
NAME	MARTIN, G. MICHAEL
STREET ADDRESS	560 VILLAGE BLVD #335
CITY- ST- ZIP	WEST PALM BEACH, FL 33409
TITLE	DV
NAME	SELLARI, GARY B
STREET ADDRESS	560 VILLAGE BLVD, #335
CITY- ST- ZIP	WEST PALM BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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02/16/04-80114-002 150.00

**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)(c), 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 #

1/23/04 561-686-1110