

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 605097

1. Entity Name
HENRY, BUCHANAN, HUDSON, SUBER & CARTER, P.A.



Principal Place of Business
**117 S. GADSDEN STREET
TALLAHASSEE, FL 32301**

Mailing Address
**P.O. DRAWER 1049
TALLAHASSEE, FL 32302 US**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1519396

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BUCHANAN, JOHN D JR
117 S. GADSDEN ST.
TALLAHASSEE, FL 32301**

**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

John D. Buchanan

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/04

**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 BUCHANAN, JOHN D JR
STREET ADDRESS 117 SOUTH GADSDEN STREET
CITY-ST-ZIP TALLAHASSEE, FL

TITLE VDS
NAME SUBER, JESSE F
STREET ADDRESS 117 SOUTH GADSDEN STREET
CITY-ST-ZIP TALLAHASSEE, FL

TITLE VD
NAME HUDSON, EDWIN R
STREET ADDRESS 117 SOUTH GADSDEN STREET
CITY-ST-ZIP TALLAHASSEE, FL

TITLE VD
NAME CARTER, JOEL S
STREET ADDRESS 117 SOUTH GADSDEN STREET
CITY-ST-ZIP TALLAHASSEE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000008874
01/20/04-80083-004 150.00

**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

John D. Buchanan

Date

Daytime Phone #

1/10/04