

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90173 045 ***150.00

DOCUMENT # 638428

1. Entity Name

STROUPE & KEELOR, P.A.



Principal Place of Business

3300 PGA BLVD
SUITE 530
PALM BCH GRDNS, FL 33410 US

Mailing Address

3300 PGA BLVD
SUITE 530
PALM BCH GRDNS, FL 33410 US

94069155



04142004 No Chg-P CR2E034 (10/03)

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4. FEI Number

59-1942947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STROUPE, MARGARET F
~~3300 PGA BLVD~~ *8736 STEEPLECHASE DR*
~~SUITE 530~~
PALM BCH GRDNS, FL 33410 *33418*

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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	DP
NAME	STROUPE, MARGARET F
STREET ADDRESS	3300 PGA BLVD #530
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	ST
NAME	KEELOR, MARY L
STREET ADDRESS	3300 PGA BLVD #530
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
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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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: *Margaret Strope* **MARGARET STROUPE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04

Date

(561) 626-4707

Daytime Phone #