

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90186 027 ***150.00

DOCUMENT # 676122

1. Entity Name
DONALD F. HARRINGTON, ESQ., P.A.



Principal Place of Business
**1517 DELGADO AVENUE
C/O DONALD F. HARRINGTON
CORAL GABLES, FL 33146**

Mailing Address
**1517 DELGADO AVENUE
C/O DONALD F. HARRINGTON
CORAL GABLES, FL 33146**



06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2014394

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRINGTON, DONALD F.
1517 DELGADO AVENUE
CORAL GABLES, FL 33146**

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARRINGTON, DONALD F.
1517 DELGADO AVE.
CORAL GABLES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
HARRINGTON, DONALD F.
1517 DELGADO AVE.
CORAL GABLES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Donald F. Harrington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 30, 2004
Date

305-666-6772
Daytime Phone #

LAW OFFICES

Accepted
676122
44047424
Donald F. Harrington, Esq.

PROFESSIONAL ASSOCIATION

- DONALD F. HARRINGTON
- WORKMEN'S COMPENSATION
- TRIAL PRACTICE - PERSONAL INJURY AND WRONGFUL DEATH
- TRIAL PRACTICE - GENERAL
- FLORIDA BAR CERTIFIED
- IN WORKERS COMPENSATION

1570 MADRUGA AVE
SUITE 200
CORAL GABLES, FLORIDA 33146

TELEPHONE (786) 268-4160
(305) 666-6772
FAX (786) 268-4162

ADMITTED:
FLORIDA
OHIO

June 30, 2004

Document # 676122

Florida Department of State
Alenda E. Hood
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

I received the enclosed Postcard recently,
I downloaded the enclosed form for "2004 For Profit
Corporation Annual Report" I called Tallahassee and
informed them I did not receive this form only a
"Notice of Intent to Dissolve."

I was informed to write a letter and
explain this fact, sign the downloaded form and
send a check for \$150⁰⁰ Therefore I have done
as directed

There is no charge in the PST. If there is
any problem please call me at ~~305~~ 305-666-6772

Thank you for your consideration

Donald F. Harrington