

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90060 008 \*\*\*\*61.25

**DOCUMENT # 715805**

1. Entity Name

LES CHATEAUX DES ROIS, INC., NO. 1,



Principal Place of Business

1153 1A RUE DES ROIS  
SOUTH PASADENA FL 33707  
US

Mailing Address

1153 1A RUE DES ROIS  
SOUTH PASADENA FL 33707  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2012120

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHELDON, DIANE  
1153 1A RUE DES ROIS  
SOUTH PASADENA FL 33707

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                                    |  |
|----------------|------------------------------------|--|
| TITLE          | PD                                 | <input type="checkbox"/> Delete            |
| NAME           | SHELDON, DIANE                     |  |
| STREET ADDRESS | 1153 1A RUE DES ROIS               |  |
| CITY-ST-ZIP    | SOUTH PASADENA FL 33707            |  |
| TITLE          | VD                                 | <input type="checkbox"/> Delete            |
| NAME           | WILDE, HOWARD                      |  |
| STREET ADDRESS | 7001 PLACE DE LA PAIX              |  |
| CITY-ST-ZIP    | SOUTH PASADENA FL 33707            |  |
| TITLE          | TS                                 | <input checked="" type="checkbox"/> Delete |
| NAME           | <del>CARLSON, DEBORAH</del>        |  |
| STREET ADDRESS | <del>1150 1A RUE DES REINES</del>  |  |
| CITY-ST-ZIP    | <del>SOUTH PASADENA FL 33707</del> |  |
| TITLE          | BARBARA LICCIARDI                  | <input type="checkbox"/> Delete            |
| NAME           | SEC. TREAS.                        |  |
| STREET ADDRESS | 7000 2-B SUNSET DR S.              |  |
| CITY-ST-ZIP    | SOUTH PASADENA FL 33707            |  |
| TITLE          |                                    | <input type="checkbox"/> Delete            |
| NAME           |                                    |  |
| STREET ADDRESS |                                    |  |
| CITY-ST-ZIP    |                                    |  |
| TITLE          |                                    | <input type="checkbox"/> Delete            |
| NAME           |                                    |  |
| STREET ADDRESS |                                    |  |
| CITY-ST-ZIP    |                                    |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

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 617, 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:** *Diane Sheldon* DIANE SHELDON, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/27/04* 727-345-8171  
Date Daytime Phone #