

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

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90063 032 ****61.25

DOCUMENT # 737940

1. Entity Name

FLORIDA ESTATES, INC.



Principal Place of Business

FLORIDA ESTATES INC
6418 CONNECTICUT
ZEPHYRHILLS FL 33540
US

Mailing Address

LEAINE NIELSON
6354 CONNECTICUT ST
ZEPHYRHILLS FL 33542
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Elaine Nielson 6355 Connecticut
Zephyrhills, FL 33542

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1754169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NIELSON, ELAINE
6355 6354/CONNECTICUT STREET
ZEPHYRHILLS FL 33540

7. Name and Address of New Registered Agent

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 Elaine Nielson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-02-04

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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | PETTEGROW, DALE | |
| STREET ADDRESS | 6322 OHIO ST | |
| CITY-ST-ZIP | ZEPHYRHILLS FL 33542 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PORRITT, KENDALL | |
| STREET ADDRESS | 6333 NEW YORK ST | |
| CITY-ST-ZIP | ZEPHYRHILLS FL 33542 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | LIPAR, DOROTHY | |
| STREET ADDRESS | 6242 NEW YORK ST. | |
| CITY-ST-ZIP | ZEPHYRHILLS FL 33540 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | NIELSON, ELAINE | |
| STREET ADDRESS | 6354/CONNECTICUT STREET 6355 Connecticut | |
| CITY-ST-ZIP | ZEPHYRHILLS FL 33540 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | George Kintner | |
| STREET ADDRESS | 6304 Connecticut | |
| CITY-ST-ZIP | Zephyrhills, FL. 33542 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | Stan Rines | |
| STREET ADDRESS | 6348 Ohio ST. | |
| CITY-ST-ZIP | Zephyrhills, FL. 33542 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Elizabeth Pettegrow | |
| STREET ADDRESS | 6322 Ohio St. | |
| CITY-ST-ZIP | Zephyrhills, FL. 33542 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Allan Hall | |
| STREET ADDRESS | 6433 Midland St. | |
| CITY-ST-ZIP | Zephyrhills, FL. 33542 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Clarence Sullivan | |
| STREET ADDRESS | 6316 Ohio St. | |
| CITY-ST-ZIP | Zephyrhills, FL. 33542 | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | June Church | |
| STREET ADDRESS | 6323 Ohio | |
| CITY-ST-ZIP | Zephyrhills, FL. 33542 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Ramon Harmer | |
| STREET ADDRESS | 6342 Ohio St. | |
| CITY-ST-ZIP | Zephyrhills, FL. | |
| 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: Elaine Nielson Elaine Nielson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 2, 2004

Date

813-783-1522

Daytime Phone #