

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-08-2004 90010 034 ***150.00

DOCUMENT # F32110

1. Entity Name

JOSEPH K. STILL, JR., P.A.



Principal Place of Business

Mailing Address

~~1615 FORUM PLACE~~
~~W PALM BEACH FL 33401~~
~~US~~

~~1615 FORUM PLACE~~
~~CLEARLAKE PLAZA ST 600~~
~~W PALM BEACH FL 33401~~
~~US~~

2. Principal Place of Business

18009 SE County Rd. 234

3. Mailing Address

18009 SE County Rd. 234

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Micanopy, FL

City & State

Micanopy, FL

Zip

Country

USA

Zip

32667

Country

USA

4. FEI Number

59-2097748

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

STILL, JOSEPH K., JR.

~~1615 FORUM PLACE 500~~

~~W PALM BEACH FL 33401~~

Name

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

18009 SE County Road 234

City

Micanopy

FL

Zip Code

32667

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

4/06/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	STILL, JOSEPH K., JR	
STREET ADDRESS	68 SPARROW COURT	
CITY-ST-ZIP	ROYAL PALM BCH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	STILL, JOSEPH K., JR	
STREET ADDRESS	68 SPARROW COURT	
CITY-ST-ZIP	ROYAL PALM BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph K. Still, Jr.	
STREET ADDRESS	18009 SE County Road 234	
CITY-ST-ZIP	Micanopy, FL 32667	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph K. Still, Jr.	
STREET ADDRESS	18009 SE County Road 234	
CITY-ST-ZIP	Micanopy, FL 32667	
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 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/06/04 561-242-5323