

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2004 90215 010 ***150.00

DOCUMENT # F84707

1. Entity Name
PARTYON CONSULTING, INC.



Principal Place of Business
6476 LAKEWORTH RD.
LAKE WORTH, FL 33463

Mailing Address
4833 OKEECHOBEE BLVD.
WEST PALM BEACH, FL 33417-4640

2. Principal Place of Business
15141 71st Drive North

3. Mailing Address
15141 71st Drive North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222004

Chg-P

CR2E034 (10/03)



City & State
Palm Beach Gardens, FL

City & State
Palm Beach Gardens, FL

4. FEI Number
59-2195028

Applied For
Not Applicable

Zip
33418

Country

Zip
33418

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WAZNAK, BONNIE M. LEVINE
4833 OKEECHOBEE BLVD.
SUITE 103
WEST PALM BEACH, FL 33417-4640

7. Name and Address of New Registered Agent

Name
Waznak, Bonnie M. Levine

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

15141 71st Drive North

City
Palm Beach Gardens FL Zip Code 33418

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 fee 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
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
LEVINE, LORRAINE A.
4833 OKEECHOBEE BLVD. SUITE 103
WEST PALM BEACH, FL 33417 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
LEVINE, AARON
4833 OKEECHOBEE BLVD., #103
WEST PALM BEACH, FL 33417 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WAZNAK, BONNIE M. LEVINE
4833 OKEECHOBEE BLVD., SUITE 103
WEST PALM BEACH, FL 33417 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Levine, Lorraine A.
8373 Myakka Ct.
Lake Worth, FL 33467 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
Levine, Aaron
8373 Myakka Ct.
Lake Worth, FL 33467 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Waznak, Bonnie M. Levine
15141 71st Drive North
Palm Beach Gardens, FL 33418 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #