

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

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

02-09-2004 90018 019 \*\*\*150.00

DOCUMENT # G06664

1. Entity Name

MARGERY F. FRIDAY, P.A.



Principal Place of Business

27 BARKLEY CIRCLE  
FT MYERS, FL 33907

Mailing Address

27 BARKLEY CIRCLE  
FT MYERS, FL 33907



01212004

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-2231568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

FRIDAY PA, MARGERY  
27 BARKLEY CIRCLE  
FT MYERS, FL 33907

**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 \$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 PD  
NAME FRIDAY, MARGERY F  
STREET ADDRESS 27 BARKLEY CIRCLE  
CITY-ST-ZIP FT MYERS, FL 00000

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Margery F Friday Pa* 2/4/04 239 939 3332