

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90023 003 ***150.00

DOCUMENT # G25506

1. Entity Name

EUSTIS SPEECH AND LANGUAGE CENTER, INC.



Principal Place of Business

17521 ~~104~~ HWY 441
STE 6
MOUNT DORA FL 32757
US

Mailing Address

P.O. BOX 606
EUSTIS FL 32727-0606
US

2. Principal Place of Business

17521 Hwy 441

Suite, Apt. #, etc.

Suite 6

City & State

Mount Dora, FL

Zip

32757

Country

USA

3. Mailing Address

17521 Hwy 441

Suite, Apt. #, etc.

Suite 6

City & State

Mount Dora, FL

Zip

32757

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-2262914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALE, CATHY P.
17521 US HWY 441
STE 6
~~EUSTIS FL 32727~~

7. Name and Address of New Registered Agent

Name

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

Mount Dora

FL

Zip Code

32757

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

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

TITLE PTD ☐ Delete
NAME HALE, CATHY P
STREET ADDRESS 35450 HIGHLAND DR
CITY-ST-ZIP EUSTIS, FL 00000 32736

TITLE VS ☐ Delete
NAME HALE, MARTY M
STREET ADDRESS 35450 HIGHLAND DR.
CITY-ST-ZIP EUSTIS, FL 00000 32736

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

Cathy P. Hale, msgrs CATHY P. HALE

01/27/04 (352) 385-1944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #