

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90066 041 ***150.00

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02222004 Chg-P CR2E034 (10/03)

4. FEI Number **59-2270567** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DUGGAN, JOSEPH
1656 NW 36TH COURT
FT. LAUDERDALE, FL 33309

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

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	S	<input type="checkbox"/> Delete
NAME	DUGGAN, JOSEPH	
STREET ADDRESS	1656 NW 36TH COURT	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000,	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DUGGAN, ANTHONY	
STREET ADDRESS	1619 CORAL TERRACE	
CITY-ST-ZIP	N LAUDERDALE, FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	DUGGIN, LINDA A	
STREET ADDRESS	1656 NW 36TH CT	
CITY-ST-ZIP	FT LADUERDALE, FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MAAS, JOSEPH	
STREET ADDRESS	651 SE 13TH ST #102	
CITY-ST-ZIP	DANIA, FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Duggan, Jodilyn	
STREET ADDRESS	1656 NW 36 Court	
CITY-ST-ZIP	FT Lauderdale, FL 33309	
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		
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 like empowered.

SIGNATURE: *Joseph Duggan* **JOSEPH DUGGAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 22 04 **9544670704**

Date

Daytime Phone #