

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # G43308**  
1. Entity Name  
FLISCHEL, TOWNSEND & MURTHA, C.P.A., A  
CHARTERED PROFESSIONAL ASSOCIATION



Principal Place of Business  
900 E. PINE ST., STE 126  
ENGLEWOOD, FL 34223

Mailing Address  
900 E. PINE ST., STE 126  
ENGLEWOOD, FL 34223

**DO NOT WRITE IN THIS SPACE**



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2298770

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
FLISCHEL, RAYMOND W.  
900 E. PINE STREET #126  
ENGLEWOOD, FL 33533

**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 NAME STREET ADDRESS CITY - ST - ZIP	PT FLISCHEL, RAYMOND W 900 E. PINE STREET #126 ENGLEWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TOWNSEND, JAMES D 900 E. PINE STREET #126 ENGLEWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MURTHA, THOMAS E 900 E. PINE STREET #126 ENGLEWOOD, FL 34223
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03/08/04-80135-007 150.00

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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:** Raymond W. Flischel **3-5-04** **941-475-1937**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #