

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # G65162

1. Entity Name
PATRICIA SIEGLE PELLA AND ASSOCIATES, P.A.



Principal Place of Business
**136 S RIDGEWOOD DR
SEBRING, FL 33870-3336 US**

Mailing Address
**136 S RIDGEWOOD DR
SEBRING, FL 33870-3336 US**



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2341082

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PELLA, PATRICIA
136 S RIDGEWOOD DRIVE
SEBRING, FL 33870-3336**

**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)

000000147533

**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

05/03/04-80121-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PELLA, PATRICIA S.
STREET ADDRESS	136 S RIDGEWOOD DR
CITY-ST-ZIP	SEBRING, FL
TITLE	STD
NAME	PELLA, PATRICIA S.
STREET ADDRESS	136 S RIDGEWOOD DR
CITY-ST-ZIP	SEBRING, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 19.07(3)(f), 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: *Patricia S. Pella* **PATRICIA S. PELLA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04 863-382-2770

Date

Daytime Phone #