

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90009 012 ***150.00

DOCUMENT # H12576

1. Entity Name
INGRID D. KOZAK, P.A.



Principal Place of Business
406 WATERSIDE LANE
NOKOMIS, FL 34275 US

Mailing Address
P.O. BOX 729
NOKOMIS, FL 34274-0729

94007239

2. Principal Place of Business

227 Woods Point Rd.

3. Mailing Address

Suite, Apt. #, etc.

01292004

Chg-P

CR2E034 (10/03)

City & State

Osprey FL.

City & State

Zip

34229

Country

Sarasota

Zip

34229

Country

4. FEI Number

59-2426415

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOZAK, INGRID D.
227 WOODS POINT RD.
OSPREY, FL 34229

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

Ingrid D. Kozak

Signature, typed or printed name of registered agent and title, 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 KOZAK, INGRID D
STREET ADDRESS 406 WATERSIDE LANE
CITY-ST-ZIP NOKOMIS, FL 34275

☐ Delete

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS 227 Woods Point Rd.
CITY-ST-ZIP Osprey FL 34229

☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Ingrid D. Kozak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/04

Date

941-586-6219

Daytime Phone #