

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90197 029 ***158.75

DOCUMENT # H69737

1. Entity Name
STANLEY H. SICHEL, P.A.



Principal Place of Business
**1036 SOUTH COLLIER BLVD.
POST PLAZA CENTER, 567 ELKCAM CIRCLE
MARCO ISLAND, FL 34145 US**

Mailing Address
**C/O W.D. KRAMER
1838 40TH TERRACE SW
NAPLES, FL 34116 US**

34044071



2. Principal Place of Business

3. Mailing Address

11925 COLLIER BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#201

01102004

Chg-P

CR2E034 (10/03)

City & State

City & State

NAPLES, FL

4. FEI Number

59-2556578

Applied For

Not Applicable

Zip

Country

Zip

Country

34116-6543

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAM KRAMER
1838 40TH TERRACE SW
NAPLES, FL 34116**

Name

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

11925 COLLIER BLVD, #201

City **NAPLES**

FL

Zip Code **34116-6543**

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

William D. Kramer

WILLIAM D. KRAMER

APR 12 2004

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
**PST
SICHEL, STANLEY H
1036 S, COLLIER BLVD.
MARCO ISLAND, FL 34145** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY H. SICHEL

739-348-0272

Date

Daytime Phone #

1/18/2004