2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State
04-02-2004 90058 032 ***150.00

DOCUMENT # J45416

1. Entity Name
PURDY, JOLLY & GIUFFREDA, P.A.

24032969

Principal Place of Business	Mailing Address
% BRUCE W. JOLLY ~~1322 S.E. 3RD AVE.~~ 2455 E. Sunrise Blvd Suite 1216 FT. LAUDERDALE, FL ~~33316~~ 33304	% BRUCE W. JOLLY ~~1322 S.E. 3RD AVE.~~ 2455 E. Sunrise Blvd. Suite 1216 FT. LAUDERDALE, FL ~~33316~~ 33304

01272004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0001946
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOLLY, BRUCE W.
~~1322 S.E. 3RD AVE.~~ 2455 E. Sunrise Blvd, Suite 1216
FT. LAUDERDALE, FL ~~33316~~ 33304

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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: Bruce W. Jolly 3-29-04
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	D
NAME	JOLLY, BRUCE W.
STREET ADDRESS	481 S.W. 101ST TERR.
CITY-ST-ZIP	PLANTATION, FL
TITLE	D
NAME	GIUFFREDA, RICHARD A
STREET ADDRESS	6030 SWANS WAY
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3-29-04 954-462-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #