

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J65385

1. Entity Name
PARK AVENUE CAPITAL COMPANY



Principal Place of Business
P. O. BOX 626
WINTER PARK, FL 32790

Mailing Address
P. O. BOX 626
WINTER PARK, FL 32790

FILED
Jan 16, 2004 08:00 AM
Secretary of State



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2803243

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BECK, JOHN WM.
457 NORTH INTERLACHEN AVENUE
WINTER PARK, FL 32789

**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 PD
NAME BECK, JOHN W.
STREET ADDRESS 457 N INTERLACHEN AVE
CITY-ST-ZIP WINTER PARK, FL

TITLE D
NAME SMITH, DENISE B.
STREET ADDRESS 457 N INTERLACHEN AVE
CITY-ST-ZIP WINTER PARK, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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01/16/04-80045-001 150.00

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/04 (407) 629-1124