


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90262 020 ***150.00

DOCUMENT # J95186

1. Entity Name
IDELLE B. NEWBURGE, P.A.



Principal Place of Business Mailing Address

% IDELLE B. NEWBURGE % IDELLE B. NEWBURGE
 3721 SIMMS STREET 3721 SIMMS STREET
 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021

24053320



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

40 IDELLE B NEWBURGE *40 IDELLE B NEWBURGE*

Suite, Apt. #, etc. Suite, Apt. #, etc.

6069 Glendale Dr. *6069 Glendale Dr.*

City & State City & State

Boca Raton FL *Boca Raton FL*

Zip Country Zip Country

33433 *USA* *33433* *USA*

4. FEI Number Applied For

65-0007429 Not Applicable

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

6. Name and Address of Current Registered Agent

**NEWBURGE, IDELLE B.
 3721 SIMMS STREET
 HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name *IDELLE B NEWBURGE*

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

6069 Glendale Dr.

City *Boca Raton* FL Zip Code *33433*

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWBURGE, IDELLE B.	NAME	<i>IDELLE B. NEWBURGE</i>
STREET ADDRESS	3721 SIMMS STREET	STREET ADDRESS	<i>6069 Glendale Dr.</i>
CITY-ST-ZIP	HOLLYWOOD FL 33021	CITY-ST-ZIP	<i>Boca Raton FL 33433</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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]* **IDELLE B. NEWBURGE** *4-14-04* *9544759503*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #