

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90355 021 ***150.00

DOCUMENT # J95392

1. Entity Name
FLORIDA TRANSCRIBERS, INC.



Principal Place of Business Mailing Address
1081 ASPRI WAY 1081 ASPRI WAY
PALM BEACH GARDENS, FL 33418 US PALM BEACH GARDENS, FL 33418 US

14015830



2. Principal Place of Business 3. Mailing Address
9161 SILVER GLEN WAY 9161 SILVER GLEN WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004 Chg-P CR2E034 (10/03)

City & State City & State
LAKE WORTH, FLORIDA LAKE WORTH, FLORIDA
Zip Country Zip Country
33467 PALM BEACH 33467 PALM BEACH

4. FEI Number Applied For
59-2842481 Not Applicable

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

CAPRARO, TERESA A
1081 ASPRI WAY 9161 SILVER GLEN WAY
PALM BEACH GARDENS, FL 33418 LAKE WORTH, FLA
33467

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 *THOMAS J. CAPRARO* **THOMAS J. CAPRARO**

4/27/04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	CAPRARO, TERESA A	
STREET ADDRESS	1081 ASPRI WAY	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	V	<input type="checkbox"/> Delete
NAME	CAPRARO, THOMAS J	
STREET ADDRESS	1081 ASPRI WAY	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	S	<input type="checkbox"/> Delete
NAME	BLANCHARD, LORAIL S	
STREET ADDRESS	1714 KIMBERLY CT	
CITY-ST-ZIP	TIFFON, GA 31794	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPRARO, TERESA A	
STREET ADDRESS	9161 SILVER GLEN WAY	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPRARO, THOMAS J.	
STREET ADDRESS	9161 SILVER GLEN WAY	
CITY-ST-ZIP	LAKE WORTH, FLA 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *THOMAS J. CAPRARO* **THOMAS J. CAPRARO**

4/27/04

561-434-6221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #