

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90079 023 ***150.00

DOCUMENT # K03729

1. Entity Name

STEPHEN M. CARLISLE, P.A.



Principal Place of Business

1323 SE 3RD AVENUE
FORT LAUDERDALE FL 33316

Mailing Address

1323 SE 3RD AVENUE
FORT LAUDERDALE FL 33316

40017040

2. Principal Place of Business

1215 E. BROWARD BLVD.
Suite, Apt. #, etc.

3. Mailing Address

1215 E. BROWARD BLVD.
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

65-0022388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARLISLE, STEPHEN M.
1323 SE 3RD AVENUE
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name **STEPHEN M. CARLISLE**

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

1215 EAST BROWARD BLVD.

City **FT. LAUDERDALE,**

FL

Zip Code

33301

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

Stephen M. Carlisle

STEPHEN M. CARLISLE

2/25/05

(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, 2005 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

TITLE **D** ☐ Delete
NAME **CARLISLE, STEPHEN M.**
STREET ADDRESS **1323 SE 3RD AVENUE**
CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1215 EAST BROWARD BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/05 (954) 764-4000

Date

Daytime Phone #