

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # K69945

1. Entity Name
MCINTOSH, SAWRAN, PELTZ, CARTAYA &
PETRUCCELLI, P.A.



Principal Place of Business
1776 E SUNRISE BLVD
FORT LAUDERDALE, FL 33304 US

Mailing Address
P.O. BOX 7990
FT LAUDERDALE, FL 33338-7990 US



01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0104621

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MC INTOSH, DOUGLAS M.
1776 E SUNRISE BLVD
FORT LAUDERDALE, FL 33304

**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 resigning)

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 MC INTOSH, DOUGLAS M.
STREET ADDRESS 12350 N.W. 12TH ST
CITY - ST - ZIP PLANTATION, FL

TITLE VPDS
NAME SAWRAN, JAMES C.
STREET ADDRESS 1776 E SUNRISE BLVD, P.O. BOX 7990
CITY - ST - ZIP FT LAUDERDALE, FL 333387990

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02/13/04-80018-002 150.00

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James C. Sawran 2/10/04 954-765-1001