

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90422 022 ***150.00

DOCUMENT # K97219

1. Entity Name

LOUGHREN AND DOYLE, P.A.



Principal Place of Business

315 SE 11TH ST
FT LAUDERDALE FL 33316

Mailing Address

315 SE 11TH ST
FT LAUDERDALE FL 33316

2. Principal Place of Business

506 SE 8TH ST

Suite, Apt. #, etc.

3. Mailing Address

506 SE 8TH ST

Suite, Apt. #, etc.

City & State

FT LAUDERDALE

City & State

FT LAUDERDALE

Zip

33316

Country

Zip

33316

Country

4. FEI Number

65-0128681

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

LOUGHREN, JOSEPH M.
315 SE 11TH STREET
FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/30/04

DATE

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

TITLE	D	<input type="checkbox"/> Delete
NAME	LOUGHREN, JOSEPH M.	
STREET ADDRESS	315 SE 11 ST	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	DOYLE, RICHARD B. JR	
STREET ADDRESS	315 SE 11 ST	
CITY-ST-ZIP	FT LAUDERDALE FL	

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUGHREN, JOSEPH M.	
STREET ADDRESS	506 SE 8TH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, RICHARD B. JR.	
STREET ADDRESS	506 SE 8TH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	

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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/04

Date

954-525-6006

Daytime Phone #