

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-03-2004 90009 015 ***150.00

DOCUMENT # K98694

1. Entity Name

ARGOSY, INC.



Principal Place of Business

2828 S. DRIFTWOOD CT.
AVON PARK FL 33825

Mailing Address

2828 S. DRIFTWOOD CT.
AVON PARK FL 33825

2. Principal Place of Business

2925 E. FAIRWAY VISTA DR

Suite, Apt. #, etc.

3. Mailing Address

2925 E FAIRWAY VISTA DR

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

AVON PARK, FL

City & State

AVON PARK FL

4. FEI Number

65-0132158

Applied For

Not Applicable

Zip

33825

Country

Highlands

Zip

33825

Country

Highlands

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ST. LEON, NORMAN E.
2925 E FAIRWAY VISTA DR
AVON PARK FL 33825

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)

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	PSD	<input type="checkbox"/> Delete
NAME	ST. LEON, NORMAN E.	
STREET ADDRESS	2828 S. DRIFTWOOD CT.	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	ST. LEON, SONYA	
STREET ADDRESS	2828 S. DRIFTWOOD CT.	
CITY-ST-ZIP	AVON PARK FL 33825	
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		<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		
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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: *Norman St. Leon* **NORMAN ST. LEON** **1-27-04** **863 385 5357**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #