

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L56260

1. Entity Name
FERDINAND & SULLIVAN, P.A.



Principal Place of Business
**100 W. CYPRESS CREEK ROAD
SUITE 910
FT LAUDERDALE, FL 33309 US**

Mailing Address
**100 W. CYPRESS CREEK ROAD
SUITE 910
FT LAUDERDALE, FL 33309 US**



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0185991

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SULLIVAN, KAREN M.
100 W CYPRESS CREEK RD SUITE 910
FT LAUDERDALE, FL 33309**

**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 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**

**U000000141457
04/30/04-80011-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE	VS
NAME	FERDINAND, JON J.
STREET ADDRESS	100 W CYPRESS CREEK RD SUITE 910
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	D
NAME	FERDINAND, JON J.
STREET ADDRESS	100 W. CYPRESS CREEK ROAD #910
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	PT
NAME	SULLIVAN, KAREN M.
STREET ADDRESS	100 W CYPRESS CREEK RD SUITE 910
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	D
NAME	SULLIVAN, KAREN M.
STREET ADDRESS	100 W. CYPRESS CREEK ROAD #910
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Jon J. Ferdinand **JON J. FERDINAND** 4/22/04 954-776-5822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #