

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L67755

1. Entity Name
FLORENCE FACTOR, P.A.



Principal Place of Business

**% FLORENCE FACTOR
846 ANCHOR RODE DR.
NAPLES, FL 34103 US**

Mailing Address

**% FLORENCE FACTOR
846 ANCHOR RODE DR.
NAPLES, FL 34103 US**



01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0199866

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FACTOR, FLORENCE
108 WILDERNESS DR. #132
NAPLES, FL 34105**

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FACTOR, FLORENCE
3430 GULF SHORE BLVD N 3B
NAPLES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FACTOR, BERNARD
3430 GULF SHORE BLVD N 3B
NAPLES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000086397
03/12/04-80019-022 150.00

**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:

Florence Factor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/04

Date

Daytime Phone #