

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # M62879

1. Entity Name

DOUGLAS R. LUPISELL, C.P.A., P.A.



Principal Place of Business

6901 S.W. 6TH STREET
PEMBROKE PINES, FL 33023 US

Mailing Address

6901 SW 6TH STREET
PEMBROKE PINES, FL 33023 US



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0014201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LUPISELL, DOUGLAS R.
6901 SW 6TH STREET
PEMBROKE PINES, FL 33023
PEMBROKE

**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, 2005 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
PSD
LUPISELL, DOUGLAS R.
6901 SW 6TH STREET
PEMBROKE PINES, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
LUPISELL, DOUGLAS R.
6901 SW 6TH STREET
PEMBROKE PINES, FL

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U00000331729
04/26/05-80030-011 150.00

**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)(f), 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:

Douglas R. Lupisell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2005

Date

(786) 621-5567

Daytime Phone #