

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90239 035 ***150.00

DOCUMENT # M80687

1. Entity Name
PHILIP F. KEIDAISH, JR., P.A.



Principal Place of Business
**320 W. SABAL PLAM PLACE, STE 200
LONGWOOD, FL 32779**

Mailing Address
**320 W. SABAL PLAM PLACE, STE 200
505 WEKIVA SPRINGS RD. #800
LONGWOOD, FL 32779**

14011216



2. Principal Place of Business
320 W. Sabal Palm Place

3. Mailing Address
320 W. Sabal Palm Place

Suite, Apt. #, etc.
Suite #300

City & State
Longwood, FL

02232004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2886322

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

6. Name and Address of Current Registered Agent
**KEIDAISH, PHILIP F., JR
320 W. SABAL PLAM PLACE, STE 200
LONGWOOD, FL 32779**

7. Name and Address of New Registered Agent
Name
Keidaish, Philip F., Jr.
Street Address (P.O. Box Number is Not Acceptable)
320 W. Sabal Palm Place
Suite 300
City
Longwood, FL Zip Code
32779

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 **4/26/04**
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KEIDAISH, PHILIP F., JR			NAME	Keidaish, Philip F., Jr.		
STREET ADDRESS	320 W. SABAL PLAM PLACE, STE 200			STREET ADDRESS	320 W. Sabal Palm Place, Ste 300		
CITY-ST-ZIP	LONGWOOD, FL 32779			CITY-ST-ZIP	Longwood, FL 32779		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: **4/26/04** **407 682-7711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone