

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90075 035 \*\*\*150.00

**DOCUMENT # M83398**

1. Entity Name  
**MICHAEL E. GORDON, P.A., CERTIFIED PUBLIC  
ACCOUNTANT**



Principal Place of Business Mailing Address  
**3300 UNIVERSITY DR. PO BOX 8380**  
**SUITE 301 CORAL SPRINGS, FL 33075-8380 US**

**94044266**



2. Principal Place of Business Suite, Apt. #, etc.  
Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02072004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0050471 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GORDON, MICHAEL E.**  
**3300 UNIVERSITY DR.**  
**SUITE 301**  
**CORAL SPRINGS, FL 33065**

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 \_\_\_\_\_ (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 PD  
NAME GORDON, MICHAEL E. ☐ Delete  
STREET ADDRESS P.O. BOX 8380 N/A  
CITY-ST-ZIP CORAL SPRINGS, FL 33075 33075

TITLE VICE PRESIDENT ☐ Change ☒ Addition  
NAME AUDREY L. GORDON  
STREET ADDRESS P.O. BOX 8380  
CITY-ST-ZIP CORAL SPRINGS, FL 33075

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: MICHAEL E. GORDON 4/1/04 (954) 341-8700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #