

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90006 018 \*\*\*\*61.25

**DOCUMENT # N03000002458**

1. Entity Name

LAURA BETH FERGUSON GROUP, INC.



Principal Place of Business

Mailing Address

460 HORIZONS WEST, APT. 201  
BOYNTON BCH FL 33435

460 HORIZONS WEST, APT. 201  
BOYNTON BCH FL 33435

54012033

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75 3116007

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

FERGUSON, M.C.  
460 HORIZONS WEST, APT. 201  
BOYNTON BCH FL 33435

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME FERGUSON, M.C.  
STREET ADDRESS 460 HORIZONS WEST, APT. 201  
CITY-ST-ZIP BOYNTON BCH FL 33435 ☒ Delete

TITLE SD  
NAME BOWE, KATE F  
STREET ADDRESS 302 FOREST AVE.  
CITY-ST-ZIP LOCUST VALLEY NY 11560 ☐ Delete

TITLE D  
NAME FERGUSON, M.C.D.  
STREET ADDRESS 1517 PINWOOD DR. NE  
CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete

TITLE D  
NAME MARCUS, HARRY L  
STREET ADDRESS 650 HORIZONS EAST, APT. 209  
CITY-ST-ZIP BOYNTON BCH FL 33435 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE D  
NAME BENNETT, BRETT A.  
STREET ADDRESS 4433 NORTH PAULINA APT 3  
CITY-ST-ZIP CHICAGO, IL 60640 ☐ Change ☒ Addition

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

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

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 617, 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:

*Maria C. Ferguson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA C. FERGUSON

02/23/04

Date

561-732-3753

Daytime Phone #