

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91043 042 ***150.00

DOCUMENT # P00000007807

1. Entity Name

LIGHTHOUSE TRANSCRIPTION, INC.



Principal Place of Business

9845 CITADEL LANE, #105
BONITA SPRINGS FL 34135

Mailing Address

PO BOX 61
BONITA SPRINGS FL 34133

2. Principal Place of Business

3. Mailing Address

18558 Violet Rd.
Fort Myers, FL

P.O. Box 61
Bonita Springs, FL

City & State
Fort Myers, FL

City & State
Bonita Springs, FL

Zip
33912

Country
United States

Zip
34133

Country
United States



MOORE

CR2E034 (11/03)

4. FEI Number
65-0972185

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELKINS, SARAH
9845 CITADEL LANE, #105
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name
Sarah Miller
Street Address (P.O. Box Number is Not Acceptable)
18558 Violet Road
Fort Myers
City
FL Zip Code
33912

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 *Sarah Miller*

(NOTE: Registered Agent signature required when reinstating)

DATE

2-27-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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
ELKINS, SARAH
9845 CITADEL LANE, #105
BONITA SPRINGS FL 34135 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Miller, Sarah
18558 Violet Road
Fort Myers, FL 33912 ☒ Change ☐ Addition

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

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

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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 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: *Sarah Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-27-04 (239) 267-2757