

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2004 90169 006 ***150.00

DOCUMENT # P00000026934

1. Entity Name

DAVID L. SCHURGER, P.A.



Principal Place of Business

458 CASUARINA CIRCLE
SAINT AUGUSTINE, FL 32086

Mailing Address

458 CASUARINA CIRCLE
SAINT AUGUSTINE, FL 32086

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1255 Ponce Island Dr. #6798

Suite, Apt. #, etc.

1255 Ponce Island Dr. #6798

04102004

Chg-P

CR2E034 (10/03)

City & State

St. Augustine, Fla

City & State

St. Augustine, Fla.

4. FEI Number

59-3633079

Applied For

Not Applicable

Zip

32095

Country

Zip

32095

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHURGER, DAVID L
458 CASUARINA CIRCLE
SAINT AUGUSTINE, FL 32086

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

3. 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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHURGER, DAVID L
STREET ADDRESS 458 CASUARINA CIRCLE
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086 ☐ Delete

TITLE STD
NAME SCHURGER, CHRYSTINE B
STREET ADDRESS 458 CASUARINA CIRCLE
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Additio
NAME
STREET ADDRESS 1255 Ponce Island Dr #6798
CITY-ST-ZIP St. Augustine FL 32095

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TITLE ☐ Change ☐ Additio
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:

Christine B. Schurger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/04

(904) 540-0042
827-1410
Date Daytime Phone #