

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000048446

1. Entity Name  
KRISTEN MACCUDY WILSON, P.A.



Principal Place of Business  
3056 LAKE SHORE DR.  
DEERFIELD BEACH, FL 33442

Mailing Address  
3056 LAKE SHORE DR.  
DEERFIELD BEACH, FL 33442

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1010682	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

WILSON, KRISTEN M  
3056 LAKE SHORE DR  
DEERFIELD BEACH, FL 33442

**DO NOT WRITE  
IN THIS SPACE**

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 \$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	D
NAME	WILSON, KRISTEN M
STREET ADDRESS	3056 LAKESHORE DRIVE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

000000011390  
01.23/04-80033-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 fee empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #