

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000106926

1. Entity Name
CAMINEZ, BROWN AND HARDEE, P.A.



FILED

04 APR 20 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1307 S. JEFFERSON ST.
MONTICELLO, FL 32344

Mailing Address
1307 S. JEFFERSON ST.
MONTICELLO, FL 32344

2. Principal Place of Business
1307 S. Jefferson Street

3. Mailing Address
1307 S. Jefferson Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012004 Chg-P CR2E034 (10/03) 04

City & State
Monticello, FL

City & State
Monticello, FL

4. FEI Number
59-3680359

Applied For
Not Applicable

Zip
32344

Country

Zip
32344

Country

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

CAMINEZ, JON D
1304 S. JEFFERSON ST.
MONTICELLO, FL 32344

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 \$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 D ☐ Delete
NAME CAMINEZ, JON D
STREET ADDRESS 1307 S. JEFFERSON ST.
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE P/D ☒ Change ☐ Addition
NAME Caminez, Jon D.
STREET ADDRESS 1307 S. Jefferson Street
CITY-ST-ZIP Monticello, FL 32344

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/D/T ☐ Change ☒ Addition
NAME Brown, Ian
STREET ADDRESS 1307 S. Jefferson Street
CITY-ST-ZIP Monticello, FL 32344

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/D/S ☐ Change ☒ Addition
NAME Hardee, III, Cary A.
STREET ADDRESS 1307 S. Jefferson Street
CITY-ST-ZIP Monticello, FL 32344

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 500035727035
STREET ADDRESS 05/06/04--01078--023
CITY-ST-ZIP **150.00

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
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:

Jon D. Caminez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04

Date

850-997-8181

Daytime Phone #

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