

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90014 037 ***150.00

DOCUMENT # P00000108211

1. Entity Name

PAUL PHILLIP DESJARDINS PA



Principal Place of Business

925 OLEANDER ST. 731 TURNBERRY LANE
LADY LAKE FL 32159

Mailing Address

731 TURNBERRY LANE
925 OLEANDER ST.
LADY LAKE FL 32159

2. Principal Place of Business

731 TURNBERRY LANE
Suite, Apt. #, etc.

3. Mailing Address

731 TURNBERRY LANE
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

LADY LAKE FL

City & State

LADY LAKE FL

4. FEI Number

59-3684249

Applied For

Not Applicable

Zip

32159

Country

USA

Zip

32159

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DESJARDINS, PAUL P
925 OLEANDER ST. 731 TURNBERRY LANE
LADY LAKE FL 32159

7. Name and Address of New Registered Agent

Name DIANE DESJARDINS

Street Address (P.O. Box Number is Not Acceptable)
925 (731) TURNBERRY LANE

City LADY LAKE

FL

Zip Code 32159

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

Diane M. Desjardins

(NOTE: Registered Agent signature required when reinstating)

2-4-04

DATE

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 P ☒ Delete
NAME DESJARDINS, PAUL PHILLIP
STREET ADDRESS 935 OLEANDER ST
CITY-ST-ZIP LADY LAKE FL 32159

TITLE PT ☐ Delete
NAME DESJARDINS, DIANE M
STREET ADDRESS 935 OLEANDER ST
CITY-ST-ZIP LADY LAKE FL 32159

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

Diane M. Desjardins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-04

Date

Daytime Phone #