

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90251 021 ***150.00

DOCUMENT # P00000113989

1. Entity Name

L.M. STURGEON, INC.



Principal Place of Business

4220 GULF BOULEVARD
ST. PETE BEACH FL 33706

Mailing Address

3008 50TH STREET SOUTH
GULFPORT FL 33707

2. Principal Place of Business

3. Mailing Address

50 83rd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Treasure Island, FL

Zip

Country

Zip

Country

33706

USA

4. FEI Number

59-3687777

Applied For

Not Applicable

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

STURGEON, LAWRENCE M
4220 GULF BOULEVARD
ST. PETE BEACH FL 33706

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME STURGEON, LAWRENCE M
STREET ADDRESS 3008 50TH STREET, SOUTH
CITY-ST-ZIP GULFPORT FL 33707

TITLE ☒ Change ☐ Addition
NAME STURGEON, Lawrence M.
STREET ADDRESS 50 83rd Ave
CITY-ST-ZIP Treasure Island, FL 33706

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

L.M. STURGEON

4-8-04

727-367-3721