

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000003577

1. Entity Name  
J.E. CUGIER & ASSOCIATES, INC.



FILED

04 FEB 25 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/14/03 01056 005 \$750.00 -  
\$150.00

Principal Place of Business  
2381 SE 12TH ST  
POMPAÑO BEACH, FL 33062

Mailing Address  
2381 SE 12TH ST  
POMPAÑO BEACH, FL 33062

2. Principal Place of Business

2381 S.E. 12TH ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPAÑO BEACH, FL.

City & State

Zip

33062

Country

USA

Zip

Country

02132004 Chg-P CR2E034 (10/03)

4. FEI Number  
65-1067889

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUGIER, JAMES E  
2381 SE 12TH ST  
POMPAÑO BEACH, FL 33062

7. Name and Address of New Registered Agent

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, type or printed name of registered agent and title if applicable.

NOTE: Registered Agent Signature required when reinstating.

DATE

James E. Cugier 2/21/04

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

2/21/04

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CUGIER, JAMES E  
2381 SE 12TH ST  
POMPAÑO BEACH, FL 33062 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
NONE ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
NONE ☐ Delete

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NONE ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
NONE ☐ Change ☐ Addition

TITLE  
NAME  
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NONE ☐ Change ☐ Addition

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

2/21/04 954/946/4001  
Date Daytime Phone #