

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

06-02-2005 90002 020 ***150.00

DOCUMENT # P01000005400

1. Entity Name

LAW OFFICES OF JUNE LOOCHKARTT, P.A.



Principal Place of Business

7771 WEST OAKLAND PARK BLVD
229
SUNRISE, FL 33351

Mailing Address

7771 WEST OAKLAND PARK BLVD
229
SUNRISE, FL 33351

50053231

2. Principal Place of Business

111 N. Pine Island Rd.

3. Mailing Address

111 North Pine Island Rd.

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

204

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33323

Country

USA

Zip

33323

Country

USA

05092005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1101420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOOCHKARTT, JUNE
7771 WEST OAKLAND PARK BLVD
229
SUNRISE, FL 33351

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

June Loockhartt

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

5/31/05

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME LOOCHKARTT, JUNE
STREET ADDRESS 7771 WEST OAKLAND PARK BLVD
CITY - ST - ZIP SUNRISE, FL 33351

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

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
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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:

June Loockhartt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/05 (954) 424-1272

Date

Daytime Phone #

ATTACHMENT
LAW OFFICE
OF
JUNE LOOCHKARTT, P.A.

111 NORTH PINE ISLAND ROAD
SUITE 204B
PLANTATION, FLORIDA 33324

~~PO 1000002400~~
50053231

ADMITTED
SOUTHERN DISTRICT OF FLORIDA

TEL: 954.577.7984
FAX: 954.577.7959

5/31/2005

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Waiver of Late Fee

Dear Division of Corporations:

Enclosed is the Annual Report/Reinstatement application form which was mailed to me and returned with a check in the amount of \$150.00 which is also enclosed. I am requesting that you waive the late fee for filing as I did not receive the annual notice and therefore did not forward it with the payment for \$150.00. Please advise.

Sincerely,

JUNE LOOCHKARTT, ESQ.
JEL

Enclosures



ATTACHMENT

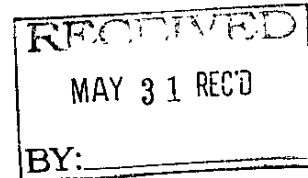
50053231

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 20, 2005

LAW OFFICES OF JUNE LOOCHKARTT, P.A.
7771 WEST OAKLAND PARK BLVD
229
SUNRISE, FL 33351



SUBJECT: LAW OFFICES OF JUNE LOOCHKARTT, P.A.
Ref. Number: P01000005400

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 605A00036592