

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-12-2004 90662 039 ***155.00

DOCUMENT # P01000026959

1. Entity Name

JANET GOSSETT, P.A.



Principal Place of Business

7119 LAKERIDGE VIEW COURT STE 302
FT MYERS FL 33907

Mailing Address

7119 LAKERIDGE VIEW COURT STE 302
FT MYERS FL 33907

2. Principal Place of Business

7119 Lakeridge View Ct
Suite, Apt. #, etc.
#302

3. Mailing Address

7119 Lakeridge View Ct
Suite, Apt. #, etc.
#302



MOORE

CR2E034 (11/03)

City & State

FT Myers, FL

Zip
33907

Country
USA

City & State

FT Myers FL

Zip
33907

Country
USA

4. FEI Number

65-1079826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAURA OLSZEWSKI P.A.
5401 TAYLOR RD SUITE 3
NAPLES FL 34109

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, 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

TITLE PSTD
NAME GOSSETT, JANET
STREET ADDRESS 7119 LAKERIDGE VIEW COURT STE 302
CITY-ST-ZIP FT MYERS FL 33907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

4-12-04

Date

2394816827

Daytime Phone #