

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90080 012 ***150.00

DOCUMENT # P01000034591

1. Entity Name

KATHLEEN S. SHORE, P.A.



Principal Place of Business

~~1500 NW 8TH STREET~~
BOCA RATON FL 33486

Mailing Address

1500 NW 8TH STREET
BOCA RATON FL 33486

24042711

2. Principal Place of Business

1607 W. CLASSICAL BLVD

3. Mailing Address

1607 W. CLASSICAL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

4. FEI Number

65-1095418

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHORE, KATHLEEN S
1500 NW 8TH STREET
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

Shore, KATHLEEN S

Street Address (P.O. Box Number is Not Acceptable)

1607 W. CLASSICAL BLVD

City

DELRAY BEACH

FL

33445

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 D ☐ Delete
NAME SHORE, KATHLEEN S
STREET ADDRESS ~~1500 NW 8TH STREET~~ 1607 W. CLASSICAL BLVD
CITY-ST-ZIP BOCA RATON FL 33486 DELRAY BEACH FL 33445

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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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: Kathleen S Shore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 2004 (561) 381-3434

Date

Daytime Phone #