

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90295 042 ***150.00

DOCUMENT # P01000044867

1. Entity Name

BIOCIRCA CORPORATION



Principal Place of Business

Mailing Address

18105 TURTLE BEACH WAY
TAMPA FL 33637-3305

18105 TURTLE BEACH WAY
TAMPA FL 33637-3305

2. Principal Place of Business

560 YARDARM LANE
Suite, Apt. #, etc.
LONGBOAT KEY, FL
City & State

3. Mailing Address

560 YARDARM LANE
P.O. BOX 3107
Suite, Apt. #, etc.
City & State
LONGBOAT KEY, FL
City & State



MOORE CR2E034 (11/03)

24027359

Zip
34228

Country
USA

Zip
34230

Country
USA

4. FEI Number
59-3714751

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SIMONSON, CYNTHIA J
18105 TURTLE BEACH WAY
TAMPA FL 33647

7. Name and Address of New Registered Agent

Name
CYNTHIA J. SIMONSON
Street Address (P.O. Box Number is Not Acceptable)
560 YARDARM LANE
City
LONGBOAT KEY FL Zip Code
34228

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

Cynthia J. Simonson

3/19/04

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	PVP	<input type="checkbox"/> Delete
NAME	SIMONSON, RUSH E	
STREET ADDRESS	18105 TURTLE BEACH PKWY	
CITY-ST-ZIP	TAMPA FL 33647-3305	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SIMONSON, CYNTHIA J	
STREET ADDRESS	18105 TURTLE BEACH WAY	
CITY-ST-ZIP	LAKE WORTH FL 33467-3305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVPST	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMONSON, RUSH E.	
STREET ADDRESS	560 YARDARM LANE	
CITY-ST-ZIP	LONGBOAT KEY, FLORIDA 34228	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMONSON, CYNTHIA J.	
STREET ADDRESS	560 YARDARM LANE	
CITY-ST-ZIP	LONGBOAT KEY, FLORIDA 34228	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Cynthia J. Simonson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-04 (941) 383-7823

Date Daytime Phone #