## 2004 FOR PROFIT CORPORATION

## Mar 26, 2004 8:00 am **Secretary of State ANNUAL REPORT** 03-26-2004 90028 042 \*\*\*150.00 DOCUMENT # P01000063583 1 Entity Name DIANE HAGGERTY, P.A. 44021509 Mailing Address Principal Place of Business 958 MOCKINGBIRD LANE #513 958 MOCKINGBIRD LANE #513 PLANTATION, FL 33324 PLANTATION, FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02262004 Chg-P CR2E034 (10/03) Applied For City & State 4. FEI Number City & State 65-1116360 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAGGERTY, DIANE Street Address (P.O. Box Number is Not Acceptable) 958 MOCKINGBIRD LANE #513 PLANTATION, FL 33324 City Zip Code FL 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 registered agent. SIGNATURE (NOTE, Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE **PST** TITLE ☐ Addition ☐ Delete Cak Grove Circle HAGGERTY, DIANE NAME NAME STREET ADDRESS STREET ADDRESS 958 MOCKINGBIRD LANE #513 CITY-ST-ZIP PLANTATION, FL 33324 CITY+ST-7IP **Change** VPD Addition ☐ Delete TITLE TITLE HAGGERTY, DIANE NAME NAME Oak Grove Circle 958 MOCKINGBIRD LANE #513 STREET ADDRESS STREET ADDRESS PLANTATION, FL 33324 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Chance ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP .CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachr er like empowered.

SIGNATURE:

FILED