

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90298 046 ***150.00

DOCUMENT # P01000072384

1. Entity Name
HIRMA A. LLEWELLYN, P.A.



Principal Place of Business
72 E BLUE HERON BLVD
RIVIERA BEACH, FL 33404 US

Mailing Address
159 EAST 28TH STREET
RIVIERA BEACH, FL 33404



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1123804

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LLEWELLYN, HIRMA A
159 EAST 28TH STREET
RIVIERA BEACH, FL 33404

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	LLEWELLYN, CALSTON
STREET ADDRESS	159 EAST 28TH STREET
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	S
NAME	LLEWELLYN, NADEENN A
STREET ADDRESS	159 EAST 28TH STREET
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	V
NAME	COLE, ANNE-MARIE
STREET ADDRESS	159 EAST 28TH STREET
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Hirma A. Llewellyn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04
Date

561-840-8988
Daytime Phone #