


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90052 046 ***150.00

DOCUMENT # P01000104264	
1. Entity Name TONY CULLEN, INC.	

Principal Place of Business 1216 OLIVE TREE CIRCLE GREENACRES FL 33413	Mailing Address 1216 OLIVE TREE CIRCLE GREENACRES FL 33413
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54028205



MOORE CR2E034 (11/03)

2. Principal Place of Business 911 Island Shore Dr	3. Mailing Address 911 Island Shore Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Greenacres	City & State Greenacres
Zip 33413	Country Palm Beach
Zip 33413	Country Palm Beach

4. FEI Number 65-0706870	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CULLEN, TONY SR. 1216 OLIVE TREE CIRCLE GREENACRES FL 33413	7. Name and Address of New Registered Agent Name: Cullen, Tony SR. Street Address (P.O. Box Number is Not Acceptable): 911 Island Shore Drive City: Greenacres FL Zip Code:
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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 Tony Cullen Sr.	DATE 4-1-04

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CULLEN, TONY SR.		NAME	
STREET ADDRESS 1216 OLIVE TREE CIRCLE		STREET ADDRESS	
CITY-ST-ZIP GREENACRES FL 33413		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CULLEN, TONY JR.		NAME	
STREET ADDRESS 3912 CYPRESS LAKES DR		STREET ADDRESS	
CITY-ST-ZIP LAKE WORTH FL 33467		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 attachment with an address, with all other like empowered.	
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SIGNATURE: Tony Cullen Sr.	DATE 4-1-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #