

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000119494

1. Entity Name  
BEVERLY L. MCBRYDE, P.A.



**FILED**  
04 MAY -7 PM 6:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
487 OAK HAVEN DRIVE  
ALTAMONTE SPRINGS, FL 32701

Mailing Address  
487 OAK HAVEN DRIVE  
ALTAMONTE SPRINGS, FL 32701

5/5/03 91767 061 150.00



04062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
80-0031103

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

HATCHER, STEPHEN B  
315 E ROBINSON ST, STE 600  
ORLANDO, FL 32801

**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 D  
NAME MCBRYDE, BEVERLY L  
STREET ADDRESS 487 OAK HAVEN DRIVE  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

P3 242

April 29, 2004

TO WHOM IT MAY CONCERN:

FROM: Beverly L. McBryde, PA , FEI Number 80-0031103

This will verify upon our conversation, I would like the duplicate payment on my account applied to 2004 annual report/uniform business report.

As my record will show and we discussed: I went online last year and it showed I couldn't complete filing online, so I mailed my executed copy and check. The charge did go through on my master card and also my check was cashed.

Please call me with any questions. I will be in and out of town with my mother in the hospital, 407-925-2145.

Thank you.

*Beverly L McBryde*