## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P02000003025

1. Entity Name PAUL F. GEFFERT, P.A.



FILED
Mar 06, 2004 08:00 AM
Secretary of State

Principal Place of Business

375 EIGHTH AVE. S, #D NAPLES, FL 34102 Mailing Address

375 EIGHTH AVE. S, #D NAPLES, FL 34102



03022004

No Chg-P

CR2E034 (10/03)

4. FEI Number 01-0575587

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GEFFERT, PAUL F 375 EIGHTH AVE. S, #D NAPLES, FL 34102

**SIGNATURE** 

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	named entity submits this statement for the pons of registered agent.	ourpose of changing its registe	ered office or r	egistered agent, or bo	th, in the State of Florida I am familiar with	n, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and file	applicable (NOTE Registe	red Agent signature	required when reinstating)	DATE	<del></del> · . '	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing  Trust Fund Contribution  \$5.00 Ma Added to Fe		\$5.00 May Be Added to Fees	000000078372 03/08/04-80023-010	150.00	
10.	OFFICERS AND DIREC	CTORS .				2 x 2 x 2 x 3	
NAME STREET ADDRESS CITY ST ZIP	PS GEFFERT, PAUL F 375 EIGHTH AVE. S, #D NAPLES, FL 34102						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
HILE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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 1 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							