2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 11, 2004 08:00 AM Secretary of State DOCUMENT # P02000003044 1. Entity Name JOHN L. CUNNINGHAM CPA PA Principal Place of Business Mailing Address 628 PENN NATIONAL RD. 628 PENN NATIONAL RD. SEFFNER FL 33584 SEFFNER FL 33584 2. Principal Place of Business 3. Mailing Address Suite. Apt #. etc Suite, Apt #, etc CR2E034 (11/03) MOORE Applied For City & State City & State 4. FEI Number 02-0533078 Not Applicable Country 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 Name CUNNINGHAM, JOHN L Street Address (P.O. Box Number is Not Acceptable) 628 PENN NATIONAL RD. SEFFNER FL 33584 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition Detete TITLE TITLE CUNNINGHAM, JOHN L NAME NAME 628 PENN NATIONAL RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEFFNER FL 33584 CATY-ST-ZIP <u>U00000045550</u> 02/11/04-80067-0 H ^{change}. ☐ Delete TITLE NAME MABAE STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE TIBE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7iP CITY - ST - ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-716 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE 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.

the3,08-57