

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90074 015 ***150.00

DOCUMENT # P02000007545

1. Entity Name

CENTER FOR THE STUDY OF SENIOR STRESS, INC.



Principal Place of Business

3206 E. LAKE SHORE DR.
TALLAHASSEE FL 32312

Mailing Address

PO BOX 15682
TALLAHASSEE FL 32317

2. Principal Place of Business

815 Ashland Forest Dr

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Zip

32303

Country

Leon

Zip

Country

4. FEI Number

04-3626949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUCHEMIN, CLAIRE A P.A.
1834 HERMITAGE BLVD., STE. 201
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MCGEE, MICHAEL P
STREET ADDRESS 3206 E. LAKE SHORE DR.
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D ☐ Delete
NAME MILLER, JOHN M
STREET ADDRESS 1308 CHERRY ST.
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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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.

SIGNATURE:

Michael P. McGee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael P. McGee

4-16-04

Date

386-2342

Daytime Phone #