


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

06-09-2004 90003 031 ***150.00

DOCUMENT # P02000011179	
1. Entity Name THE LAW OFFICE OF CYNTHIA TOLBERT, P.A.	

Principal Place of Business THE CASCADES STE 112 1515 EAST SILVER SPRINGS BLVD OCALA, FL 34470	Mailing Address 1515 E. SILVER SPRINGS BLVD., SUITE 112 OCALA, FL 34470
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44046420



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

05252004 Chg-P CR2E034 (10/03)

4. FEI Number 30-0043023	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TOLBERT, CYNTHIA 6911 SE 54TH STREET OCALA, FL 34472	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOLBERT, CYNTHIA 6911 SE 54TH STREET OCALA, FL 34472 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Same <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Same <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MD Same <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Cynthia Tolbert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/04 (352) 622-7600
Date Daytime Phone

Attachment

44046420

#102000011179

Law Office of Cynthia Tolbert, P.A.
The Cascades, Suite 112
1515 East Silver Springs Blvd.
Ocala, FL 34470
Phone (352) 622-7600
Fax (352) 622-7607

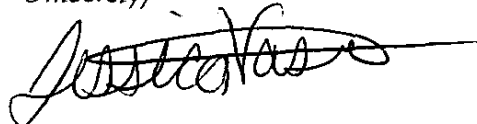
June 7, 2004

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed please find the 2004 for Profit Corporation Annual Report with a check for \$150.00. Sorry for any inconvenience this may have caused you. If you have any questions please feel free to contact the office at (352) 622-7600. Thank you and have a blessed day!!!!

Sincerely,



Jessica Vasco for
Cynthia Tolbert, Esquire

Enclosure: 2