

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT# P02000023942	
1. Entity Name DEBORAH MENOTTE, TRUSTEE INC.	

Principal Place of Business 1009 LYTHAM CT. WEST PALM BEACH, FL 33411	Mailing Address 1009 LYTHAM CT. WEST PALM BEACH, FL 33411
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DO NOT WRITE IN THIS SPACE



01162004 NoChg-P CR2E034(10/03)

4. FEI Number 04-3617228	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MENOTTE, DEBORAH 1009 LYTHAM CT. WEST PALM BEACH, FL 33411

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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 _____ Signature typed or printed name of registered agent not applicable (NOTE: Registered Agent signature required when instituting)	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MENOTTE, DEBORAH 1009 LYTHAM COURT WEST PALM BEACH, FL 33411
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01/23/04-80004-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Deborah C Menotte</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/16/04 561-795-9640 Date Daytime Phone #