

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000025926

1. Entity Name
COMMUNITY OF ARTISTS FOR EQUITY, INC.



Principal Place of Business
**3197 SW WATSON CT
PORT ST LUCIE, FL 34953**

Mailing Address
**3197 SW WATSON CT
PORT ST LUCIE, FL 34953**



02242004 No Chg-P CR2E054 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0403831

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PEESO, BRUCE J
3197 SW WATSON CT
PORT ST LUCIE, FL 34953**

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

UNIT0000067930
02/27/04-80018-025 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PEESO, BRUCE J
3197 SW WATSON CT
PORT ST LUCIE, FL 34953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
POKORNY, JUDE
3197 SW WATSON CT
PORT ST LUCIE, FL 34953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SESLAR, PATRICK
4343 173 W SCHUMACHER RD
SEBRING, FL 33872**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SESLAR, LIN
4343 173 W SCHUMACHER RD
SEBRING, FL 33872**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 114.07(3)(b), 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 807, 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 filers empowered.

SIGNATURE: **Bruce J. Peeso**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/04 (772)336-5687
Date Daytime Phone