2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNOAL REPORT (AR)					Apr 26, 2004 8	<b>4:00</b>	am	
DOCUMENT # P02000031331 1. Entity Name					Secretary of State			
SUSAN LEVINGS, PA					04-26-2004 90512 006 **	**150.00	0	
Principal Plac	e of Business	Mailing Address		$\neg$				
5400 NW 21 TERRACE 5400 NW 21 TERRACE FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309			309		<u> </u>			
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Suite, Apt. #, etc. Suite, Apt. #, etc.					MOORE CR2E034 (*	1/03)		
City & Stat	anderdate	City & State FOR Land		4. (	FE! Number 48-1255335	<del></del>	plied For t Applicable	
Zip Country 33309 13R0		Zip 33309 Country 13 R7		5. (	5. Certificate of Status Desired			
	6. Name and Address of Current		72 77 0	7. 1	Name and Address of New Registered Age			
Name Name								
WILLIAM GREENE ASSOCIATES, PA 11450 WEST SAMPLE ROAD CORAL SPRINGS FL 33065				Street Address (P.O. Box Number is Not Acceptable)				
COTAL SI MINGS LE 33003								
		•	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.								
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)  OATE  OATE								
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.		May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.	AD	DITIONS/CHANGES TO OFFICERS AND D	RECTORS	S IN 11	
NAME	P LEVINGS, SUSAN	☐ Delete	TITLE NAME			] Change	☐ Addition	
STREET ADDRESS	5400 NW 21 TERRACE		STREET ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	☐ Addition	
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NAME			NAME			-		
STREET ADDRESS City-St-Zip			STREET ADDRESS CITY-ST-ZIP					
	L	this filing does not qualify for the		n Section	119 07(3)(i) Florida Statutes Efurther certify	that the in	formation	
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								

**FILED** 

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:

SIGNATURE AND TYPED ON PHINNED NAME OF SIGNING OFFICER OF DIRECTOR

Date

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