

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

05-24-2004 90007 005 \*\*\*150.00

DOCUMENT # P02000089552

1. Entity Name  
MARY U. KOSSACK, C.P.A., P.A.



Principal Place of Business  
1515 S.W. PENDARVIS CT.  
PALM CITY, FL 34990

Mailing Address  
1515 S.W. PENDARVIS CT.  
PALM CITY, FL 34990

14022728



2. Principal Place of Business  
**759 S FEDERAL HWY**  
Suite, Apt. #, etc.  
**SUITE 311**  
City & State  
**STUART FL**  
Zip  
**34994** Country  
**MARTIN**

3. Mailing Address  
**759 S FEDERAL HWY**  
Suite, Apt. #, etc.  
**SUITE 311**  
City & State  
**STUART FL**  
Zip  
**34994** Country  
**MARTIN**

03152003 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0444204  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

KOSSACK, MARY U  
1515 S.W. PENDARVIS CT.  
PALM CITY, FL 34990

7. Name and Address of New Registered Agent

Name  
**KOSSACK, MARY U.**  
Street Address (P.O. Box Number is Not Acceptable)  
**759 S. FEDERAL HWY**  
**SUITE 311**  
City  
**STUART** FL Zip Code  
**34994**

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**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	KOSSACK, MARY U	1515 S.W. PENDARVIS CT.	PALM CITY, FL 34990	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	KOSSACK, MARY U.	759 S FEDERAL HWY, SUITE 311	STUART, FL 34994	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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:

*Mary U. Kossack*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/21/04* *772-463-2526*  
Date Daytime Phone #