

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000093904

1. Entity Name
DUARTE & MINARCIN, P.A.



Principal Place of Business

120 BROADWAY
SUITE 203
KISSIMMEE, FL 34741

Mailing Address

120 BROADWAY
SUITE 203
KISSIMMEE, FL 34741

FILED
Feb 13, 2004 08:00 AM
Secretary of State



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
33-1021454

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DURATE, JOSE B
2708 UXBRIDGE LANE
KISSIMMEE, FL 34743

**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 title if applicable

(NOTE: Registered Agent signature required when re(Instating)

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

000000051232
02/16/04-80043-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD DUARTE, JOSE B 120 BROADWAY, SUITE 203 KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD MINARCIN, ROBERT 120 BROADWAY, SUITE 203 KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04

Date

(407) 931-1529

Daytime Phone #