2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 29, 2004 8:00 am
Secretary of State
01-29-2004 90083 041 ***158.75

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01072004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000106921

1. Entity Name
DENITA NEUENHAUS, P.A.

Principal Place of Business	Mailing Address
12247 71 PL N W PALM BEACH, FL 33412	12247 71 PL N W PALM BEACH, FL 33412

2. Principal Place of Business	3. Mailing Address
13651 Exotica LN	13651 Exotica LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WELLINGTON FL	City & State: WELLINGTON FL
Zip: 33414 Country: USA	Zip: 33414 Country: USA

4. FEI Number: 03-0490764 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEUENHAUS, DENITA M
12247 71 PL N
W PALM BEACH, FL 33412

7. Name and Address of New Registered Agent

Name: DENITA M. NEUENHAUS
Street Address (P.O. Box Number is Not Acceptable): 13651 Exotica Lane
City: Wellington FL Zip Code: 33414

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], Director — DATE: 1/27/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEUENHAUS, DENITA 12247 71 PL N W PALM BEACH, FL 33412 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 13651 Exotica Lane Wellington FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature], Director — Date: 1/27/2004 — Daytime Phone #: 561 775 7331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR