

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90083 041 ***158.75

DOCUMENT # P02000106921	
1. Entity Name DENITA NEUENHAUS, P.A.	

Principal Place of Business 12247 71 PL N W PALM BEACH, FL 33412	Mailing Address 12247 71 PL N W PALM BEACH, FL 33412
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94006560



2. Principal Place of Business 13651 Exotica LN Suite, Apt. #, etc.	3. Mailing Address 13651 Exotica LN Suite, Apt. #, etc.
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01072004 Chg-P CR2E034 (10/03)

City & State WELLINGTON FL	City & State WELLINGTON FL
Zip 33414	Zip 33414
Country USA	Country USA

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

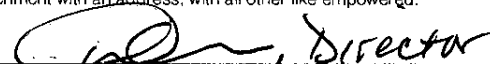
7. Name and Address of New Registered Agent Name DENITA M. NEUENHAUS Street Address (P.O. Box Number is Not Acceptable) 13651 Exotica Lane City Wellington FL Zip Code 33414
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8. The above named entity submits this statement for the purpose of changing 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:  , Director DATE: 1/27/2004

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
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10. OFFICERS AND DIRECTORS	
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	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 13651 Exotica Lane Wellington FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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:  , Director SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 1/27/2004 DAYTIME PHONE #: 561 775 7331