

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2004 90313 011 ***150.00

DOCUMENT # P02000113754					
1. Entity Name LOIS DUBOSE PASKOW, INC.					
Principal Place of Business 344 MALLARD ROAD WESTON, FL 33327			Mailing Address 344 MALLARD ROAD WESTON, FL 33327		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 82-0577674	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent PASKOW, LOIS D 344 MALLARD ROAD WESTON, FL 33327			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
9. 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 file if applicable.					
(NOTE: Registered Agent signature required when re-registering)					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D PASKOW, LOIS D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS	344 MALLARD ROAD		STREET ADDRESS		
CITY- ST- ZIP	WESTON, FL 33327		CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
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CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: <u>Lois Paskow</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					