


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2004 08:00 AM
Secretary of State

| | | | | |
|---|---------|---|---------|---|
| DOCUMENT # P02000119449 | | | |  |
| 1. Entity Name ROBERT KENT MAYNARD, P.A. | | | | |
| Principal Place of Business 12520 CORONADO DRIVE SPRING HILL FL 34609 | | Mailing Address 12520 CORONADO DRIVE SPRING HILL FL 34609 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | |
| Suite, Apt #, etc. | | Suite, Apt #, etc. | | |
| City & State | | City & State | | |
| Zip | Country | Zip | Country | |



MOORE CR2E034 (11/03)

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent BARROW, JAMES ESQ. 1311 NORTH WESTSHORE BLVD. SUITE 205 TAMPA FL 33607 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|--|--|--|--|

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 | P MAYNARD, ROBERT K 12520 CORONADO DRIVE SPRING HILL FL 34609 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U000000032838 02/05/04-80019-015 150.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Robert Kent Maynard* *Robert Kent Maynard* 1-27-04 (352) 684-6716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Phone #