2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## **FILED** Feb 04, 2004 08:00 AM DOCUMENT # P02000120318 Secretary of State 1. Entity Name JOHN W. CURTIS, P.A. Mailing Address Principal Place of Business 10020 COUNTRY BROOK ROAD BOCA RATON FL 33428 10020 COUNTRY BROOK ROAD BOCA RATON FL 33428 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For 4. FEI Number City & State City & State 65-1160772 Not Applicable Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHAIET, PAUL J Street Address (P.O. Box Number is Not Acceptable) 5440 NORTH STATE ROAD 7 SUITE 208 FT. LAUDERDALE FL 33319 City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Detete T331.F Addition MLE U00000036850 02/06/04-80075-009 150.00 CURTIS, JOHN W MARKE NAMÉ STREET ADDRESS 10020 COUNTRY BROOK ROAD STREET ADDRESS BOCA RATON FL 33428 CITY - ST - ZIP CITY - ST - ZIP Change ☐ Addition Delete THILE BES NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY -ST - ZIP Delete TITLE Change Change Addition 🔲 MLE HAME NGASE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C87Y - ST- 78P 73**7**3 F ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete 7:11:5 TITLE NAME NAME STREET ADDRESS STREET ADDRESS City ST-ZIP CITY -ST-21P Delete TITLE Change Addition | स्माह NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - 53 - 71P

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 trusted 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:

Idn W Certic

561-705-4961