

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90124 025 \*\*\*158.75

**DOCUMENT # P02000134053**

1. Entity Name

THE LAW OFFICES OF LORI R. VAUGHAN, P.A.



Principal Place of Business

1975 EAST SUNRISE BLVD.  
SUITE 756  
FORT LAUDERDALE FL 33304  
US

Mailing Address

6053 10TH AVENUE NO. #139  
GREENACRES FL 33463

2. Principal Place of Business

6053 10th Ave. North  
Suite, Apt. #, etc.  
139

3. Mailing Address

6053 10th Ave. North  
Suite, Apt. #, etc.  
139

City & State

GREENACRES, FL

Zip  
33463

Country  
U.S.

City & State

GREENACRES, FL

Zip  
33463

Country  
U.S.

4. FEI Number

35-2191139

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VAUGHAN, LORI R  
6053 10TH AVENUE NO. #139  
GREENACRES FL 33463

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE PD  
NAME VAUGHAN, LORI A  
STREET ADDRESS 6053 10TH AVENUE NORTH, #139  
CITY-ST-ZIP GREENACRES FL 33463

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LORI R. VAUGHAN/OWNER/PRESIDENT 4-26-04 (561)632-9688