


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P02000134179 1. Entity Name MY FAVORITE P.C., INC. |  |
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|--|--|
| Principal Place of Business 9111 RIDGE RD. NEW PORT RICHEY, FL 34654 | Mailing Address 9111 RIDGE RD. NEW PORT RICHEY, FL 34654 |
|--|--|

DO NOT WRITE IN THIS SPACE



03092004 No Chg-P CR2E034 (10/03)

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|------------------------------------|--|
| 4. FEI Number 56-2310905 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, MAUREEN J
P.O. BOX 843
NEW PORT RICHEY, FL 34673**

**DO NOT WRITE
IN THIS SPACE**

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 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**

**U00000091428
03/18/04-80008-011 150.00**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPT JOHNSON, MAUREEN J P.O. BOX 843 NEW PORT RICHEY, FL 34673 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVS JOHNSON, MICHAEL E P.O. BOX 843 NEW PORT RICHEY, FL 34673 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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IN THIS SPACE**

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: Maureen J Johnson Maureen J Johnson 3-13-04 (722) 845-0120
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #