

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/5/2004-90226-021-\$150.00-\$150.00

FILED

04 NOV -1 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000018551

1. Entity Name
STUDIO 47 INCORPORATED



Principal Place of Business
**861 SE 47TH STREET
CAPE CORAL, FL 33904**

Mailing Address
**861 SE 47TH STREET
CAPE CORAL, FL 33904**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04262004 Chg-P CR2E034 (10/03)

4. FEI Number **65-1178913**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**DOYLE, RICHARD JR
861 SE 47TH STREET
CAPE CORAL, FL 33904**

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]* DATE **4.30.04**

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
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 NAME STREET ADDRESS CITY- ST- ZIP | DP DOYLE, RICHARD JR 2115 SW 52ND STREET CAPE CORAL, FL 33914 <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 | V DOYLE, RICHARD SR 5114 SW 52ND TERR CAPE CORAL, FL 33914 <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 | ST DOYLE, LENKA 2115 SW 52ND STREET CAPE CORAL, FL 33914 <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 |
| 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 |

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]* **10-27-04 (237) 5A7803**

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

STUDIO 47 INC.
816 SE 47TH STREET
CAPE CORAL FL. 33904
(239)549-7803

TO WHOM IT MAY CONCERN:

WE ARE REQUESTING YOUR CONSIDERATION ON REINSTATING OUR CORPORATION AND ABETEMENT OF FEES. WE SENT A COPY OF OUR ANNUAL REPORT WITH THE INFORMATION YOU REQUESTED ON OR ABOUT 6/28/2004. WE WERE NOT AWARE THAT YOU DID NOT RECEIVE THE INFORMATION THAT YOU REQUESTED UNTIL WE RECEIVED A NOTICE OF INTENT TO DISSOLVE. ENCLOSED IS A COPY OF THE ANNUAL REPORT WE SENT IN JUNE & A REINSTATEMENT FORM IF YOU REQUIRE ANY ADDITIONAL INFORMETION PLEASE FEEL FREE TO CALL OUR OFFICE. THANK YOU FOR YOUR CONSIDERATION IN THIS MATTER.



RICHARD DOYLE