## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 08, 2004 8:00 am Secretary of State DOCUMENT # P03000023604 04-08-2004 90011 028 \*\*\*150.00 1. Entity Name PERRY J. CORNEAU, P.A. Principal Place of Business Mailing Address REMAX PREMIER SERVICES **REMAX PREMIER SERVICES** 5200 OCEAN BOULEVARD 5200 OCEAN BOULEVARD SARASOTA, FL 34242 SARASOTA, FL 34242 2. Principal Place of Business 3. Mailing Address 3UA bnalxing GOP Suite, Apt. #, etc. Suite, Apt. #, etc 04042004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For DAraso 51-0 Not Applicable U.S.A Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORNEAU, PERRY J 5200 OCEAN BOULEVARD Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34242 Zip Code 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 obligations of registe SIGNATURE... (NOTE: Recestored Arrent monature required when reinstation) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition CORNEAU, PERRY J NAME BLAKAC STREET ADDRESS 5200 OCEAN BOULEVARD STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34242 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZiP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP DITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 as supplimental 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 of the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ddress, with all other 200 SIGNATURE

**FILED**