

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (ART)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90071 021 \*\*\*158.75

<b>DOCUMENT # P03000029796</b>					
<b>1. Entity Name</b> MARIE L. REBULL P.A.					
<b>Principal Place of Business</b> 6746 KINGSMOOR WAY MIAMI LAKES FL 33014			<b>Mailing Address</b> 6746 KINGSMOOR WAY MIAMI LAKES FL 33014		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 80-0076474	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> REBULL, MARIE L 6746 KINGSMOOR WAY MIAMI LAKES FL 33014			<b>7. Name and Address of New Registered Agent</b>		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> <span style="float: right;">4/13/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004, Fee will be \$550.00 Make Check Payable to Florida Department of State			<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>				
D <input type="checkbox"/> Delete REBULL, MARIE L 6746 KINGSMOOR WAY MIAMI LAKES FL 33014	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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<b>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.</b>					
<b>SIGNATURE:</b> <span style="float: right;">4/13/04 305 8270023</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					