

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90010 022 ***150.00

DOCUMENT # P03000030472

1. Entity Name

DANIELLE MORSE, PA



Principal Place of Business

5480 LYONS ROAD
APT 202
COCONUT CREEK FL 33073

Mailing Address

5480 LYONS ROAD
APT 202
COCONUT CREEK FL 33073

2. Principal Place of Business

5510 Lyons Road

Suite, Apt. #, etc.

Apt. 205

City & State

Coconut Creek, FL

Zip

33073

Country

U.S.

3. Mailing Address

5510 Lyons Road

Suite, Apt. #, etc.

Apt. 205

City & State

Coconut Creek, FL

Zip

33073

Country

U.S.

6. Name and Address of Current Registered Agent

MORSE, DANIELLE
5480 LYONS ROAD
APT 202
COCONUT CREEK FL 33073

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 P
NAME MORSE, DANIELLE
STREET ADDRESS 5480 LYONS ROAD, APT 202
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Danielle Morse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/04

Date

(954) 401-4213

Daytime Phone #