


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90014 018 \*\*\*150.00

**DOCUMENT # P03000032465**

1. Entity Name  
**JULES A. THEARD PA**



Principal Place of Business  
**1500 UNIVERSITY DRIVE  
 SUITE 117  
 CORAL SPRINGS, FL 33071**

Mailing Address  
**1500 UNIVERSITY DRIVE  
 SUITE 117  
 CORAL SPRINGS, FL 33071**



2. Principal Place of Business  
**7687 Via Grande**

3. Mailing Address  
**P.O. Box 7101**

Suite, Apt. #, etc.

07132004 Chg-P CR2E034 (10/03)

City & State  
**Boynton Beach FL**

City & State  
**Delray Beach FL**

Zip Country  
**33437 Palm Beach 33482 Palm Beach**

4. FEI Number  
**65-1179835**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**THEARD, JULES  
 1500 UNIVERSITY DRIVE  
 SUITE 117  
 CORAL SPRINGS, FL 33071**

7. Name and Address of New Registered Agent

Name  
**Theard, Jules**

Street Address (P.O. Box Number is Not Acceptable)  
**7687 Via Grande**

City **Boynton Beach** **FL** Zip Code **33437**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input checked="" type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Officer/ P Jules A. Theard</b>
STREET ADDRESS	<b>7687 Via Grande</b>
CITY-ST-ZIP	<b>Boynton Beach FL 33437</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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, which is other like empowered.

SIGNATURE: \_\_\_\_\_ Date: **7-21-04** Daytime Phone #: **561-271-6688**

*Attachment*

44050108



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 13, 2004

JULES A. THEARD PA  
P.O. BOX 7101  
DELRAY BEACH, FL 33482

SUBJECT: ~~JULES A. THEARD PA~~  
Ref. Number: P03000032465

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 204A00044609