2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 8:00 am Secretary of State

DOCUMENT # P03000082479 1. Entity Name PATHWORKS WORKSHOP, P.A.						04-26-2004	1 90544 019 **	*150.00
Principal Place of Business Mailing Address				· · · · · ·	1			
1502 W. BUSCH BLVD., SUITE A-1 1502 W. BUSCH BLVD., TAMPA, FL 33612 TAMPA, FL 33612)., SUITE	A-1		Pind iliti polit odili oviti	# 2012 210 BH B B UT	E (811) TB1 11 188(
2. Principal Place of B	usiness	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 25:31 13119 11611 61411 1=21	- 10115-1111
		City & State		04082004	Chg-P	CR2E034 (10/0	Applied For	
City & State					4. FEI Number	120459	9	Not Applicable
Zip	Country	untry Zip Cou		ntry	5. Certificate o	f Status Desired	□ \$8.75 Fee Requ	Additional uired
6. Name and Address of Current Registered Agent				7 Name and Address of New Registered Agent				
WHITEFORD, LINDA M 6327 JACQUELINE ARBOR DRIVE TAMPA, FL 33617				Name Street Address (P.O. Box Number is Not Acceptable)				
				Street Address (P.O. Box Number is Not Acceptable)				
				City E4 Zip Code				
				City			┍┺╽╵	
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 To no To any familiar with, and accept when reinstating) INOTE: Registered Agent signature required when reinstating) DATE:								
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing 2 \$5.00 May Be								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.								
10. OFFICERS AND DIRECTORS 1			11.		ADDITIONS/C	HANGES TO OFFI	ICERS AND DIRECT	ORS IN 11
TITLE Delete			TITU				☐ Chan	ge
STREET ADDRESS 6327 JACQUELINE ARBOR DRIVE			STR	LEET ADDRESS				
	A, FL 33617	<u></u>	CIT	Y-ST-ZIP			☐ Chan	ge 🔲 Addition
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STREET ADDRESS CITY-ST-ZIP				EET AODRESS Y-ST-ZIP				
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NAME				ME 1.				
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STREET ADDRESS CITY-ST-ZIP	tanes	1		REET ADORESS Y-ST-ZIP				
12. Thereby certify the	at the information supplied wit	h this filing does not qualify t	or the ex	emption stated in S	Section 119.07(3)(i)	Florida Statutes. I	I further certify that the	ne information
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.								