

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90017 049 ***150.00

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1. Entity Name
SANCHEZ-FARREN, P.A., INC.

Principal Place of Business
3127 PINE TOP DR
VALRICO, FL 33594

Mailing Address
3127 PINE TOP DR
VALRICO, FL 33594

2. Principal Place of Business

2813 Buckhorn Preserve Blvd PO Box 1290

3. Mailing Address

Suite, Apt. #, etc.

04032004

Chg-P

CR2E034 (10/03)



City & State

Valrico, FL

City & State

Valrico, FL

4. FEL Number

20-0107729

Applied For

Not Applicable

Zip

33594

Country

Hillsborough

Zip

33594

Country

Hillsborough

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FARREN, PETER M ESQ
100 N TAMPA ST STE 3760
TAMPA, FL 33602

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP
PVST FARREN, MAGDA A 3127 PINE TOP DR VALRICO, FL 33594 ☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/04 83643-4713