

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-26-2004 91039 018 \*\*\*150.00

DOCUMENT # P03000084895

1. Entity Name

PAMELA M. DIXON, P.A.



Principal Place of Business

110 E ATLANTIC AVE  
SUITE 250  
DELRAY BEACH FL 33444

Mailing Address

110 E ATLANTIC AVE  
SUITE 250  
DELRAY BEACH FL 33444

2. Principal Place of Business

500 Gulfstream BLVD

3. Mailing Address

500 GULFstream BLVD.

Suite, Apt. #, etc.

Suite 103B

Suite, Apt. #, etc.

Suite 103B

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33445

Country

Palm Beach

Zip

33445

Country

Palm Beach



MOORE

CR2E034 (11/03)

4. FEI Number

80-0073880

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DIXON, PAMELA M  
110 E ATLANTIC AVE  
SUITE 250  
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name

Pamela M. Dixon

Street Address (P.O. Box Number is Not Acceptable)

500 GULFstream Blvd.

Suite 103 B

City

DeLray Beach

FL

Zip Code

33445

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

*Pamela M. Dixon*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/04

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
*President, VP, Sec., & Treas.*  
*Pamela M. Dixon*  
*500 Gulfstream Blvd, Suite 103 B*  
*Delray Beach, FL 33445*

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-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:

*Pamela M. Dixon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04

Date

(561) 276-3711

Daytime Phone #