


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-15-2004 90014 040 ***150.00

DOCUMENT # P03000086487					
1. Entity Name DAWN M. STARKMAN, P.A.					
Principal Place of Business 3855 ISLAND CLUB CIRCLE EAST LANTANA, FL 33468			Mailing Address 3855 ISLAND CLUB CIRCLE EAST LANTANA, FL 33468		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. S. A. A.		Suite, Apt. #, etc. S. A. A.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 11-3708388	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STARKMAN, DAWN M 3855 ISLAND CLUB CIRCLE EAST LANTANA, FL 33468			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PS	NAME STARKMAN, DAWN M		<input type="checkbox"/> Delete		
STREET ADDRESS 3855 ISLAND CLUB CIRCLE EAST	CITY - ST - ZIP LANTANA, FL 33468		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		
TITLE NAME	STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		
TITLE NAME	STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		
TITLE NAME	STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		
TITLE NAME	STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Dawn M Starkman</i>			4/10/04		(561) 966-0697
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>