2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 12, 2004 8:00 am
Secretary of State
08-12-2004 90004 001 ***150.00

J4U68U57

MOORE CR2E034 (4/04)

DOCUMENT # P03000101597

1. Entity Name
JOANNE M. TOTTEN, P.A.

Principal Place of Business	Mailing Address
7388 PINE CREEK WAY PORT ST LUCIE FL 34986	7388 PINE CREEK WAY PORT ST LUCIE FL 34986

Effective 9/1/2004

2. Principal Place of Business	3. Mailing Address
8833 FIRST TEE	8833 FIRST TEE RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ST. LUCIE, FL	City & State: PORT ST. LUCIE, FL
Zip: 34986 Country:	Zip: 34986 Country:

4. FEI Number: 47-0930904 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TOTTEN, JOANNE M
7388 PINE CREEK WAY
PORT ST LUCIE FL 34986

7. Name and Address of New Registered Agent

Name: TOTTEN, JOANNE M
Street Address (P.O. Box Number is Not Acceptable): 8833 FIRST TEE RD
City: PORT ST. LUCIE **FL** Zip Code: 34986

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 $550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☒

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	TOTTEN, JOANNE M	NAME	TOTTEN, JOANNE M
STREET ADDRESS	7388 PINE CREEK WAY	STREET ADDRESS	8833 FIRST TEE RD
CITY-ST-ZIP	PORT ST LUCIE FL 34986	CITY-ST-ZIP	PORT ST LUCIE, FL 34986
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Joanne M Totten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #