

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000111118 1. Entity Name IRENE J. STOKOE, P.A.	
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Principal Place of Business 3406 CRENSHAW LAKE RD LUTZ, FL 33548	Mailing Address 3406 CRENSHAW LAKE RD LUTZ, FL 33543
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DO NOT WRITE IN THIS SPACE



D4262005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0547157	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**STOKOE, IRENE J
3406 CRENSHAW LAKE RD
LUTZ, FL 33548**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and DBE if applicable NOTE: Registered Agent signature required when re-registering

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STOKOE, IRENE J 3406 CRENSHAW LAKE RD LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/03/05-80018-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 *Irene J Stokoe* **4/28/05 813-263-9299**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #