## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Jul 19, 2004 8:00 am Secretary of State **DOCUMENT # P03000111133** 1. Entity Name 07-19-2004 90006 003 \*\*\*150.00 BEVERLY PUPA, P.A. Mailing Address Principal Place of Business 1071 DONEGAN RD #570 1071 DONEGAN RD #570 LARGO, FL 33771 LARGO, FL 33771 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 07022004 Chg-P CR2E034 (10/03) Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Zip Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PUPA, BEVERLY Street Address (P.O. Box Number is Not Acceptable). 1071 DONEGAN RD #570 LARGO, FL 33771 Zip Code City ۴L 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 $\Box$ Due by September 8, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 > OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change TITLE . 🔲 Delete TITLE PUPA, BEVERLŸ NAME NAME STREET ADORESS 1071 DONEGAN RD #570 STREET ADORESS CITY-ST-7IP CITY-ST-ZIP LARGO, FL 33771 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 it 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.

**FILED** 

Daytime Phone 6