

FILED
May 10, 2004 8:00 am
Secretary of State

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03-11-2004 90012 009 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000115245					
1. Entity Name LAURINDA J. MANSELL, P.A.					
Principal Place of Business 8333 CR 109 A-1 LADY LAKE, FL 32159			Mailing Address 8333 CR 109 A-1 LADY LAKE, FL 32159		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 20-0322407				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANSELL, LAURINDA J. 8333 CR 109 A-1 LADY LAKE, FL 32159				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:  DATE: _____					
NOTE: Registered Agent signature required when submitting.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 NAME STREET ADDRESS CITY- ST- ZIP			TITLE NAME STREET ADDRESS CITY- ST- ZIP		
PRESIDENT LAURINDA J. MANSELL 8333 CR 109 A-1 LADY LAKE FL 32159					
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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:  DATE: 3/9/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					