

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90015 045 ***150.00

DOCUMENT # P92000012687

1. Entity Name
TEQUESTA CORPORATE CENTER PARTNERS, INC.



Principal Place of Business
250 TEQUESTA DR
STE 206
TEQUESTA, FL 33469 US

Mailing Address
250 TEQUESTA DR
STE 206
TEQUESTA, FL 33469 US

DO NOT WRITE IN THIS SPACE

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24003411

01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0377109

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent -

JEFFER, HERMAN
250 TEQUESTA DR
SUITE 200
TEQUESTA, FL 33469

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE	D
NAME	JEFFER, HERMAN
STREET ADDRESS	250 TEQUESTA DR SUITE 200
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	D
NAME	JERRY, JACQUELYN
STREET ADDRESS	1 GREYLEDGE DR
CITY-ST-ZIP	LOUDONVILLE, NY 12211
TITLE	D
NAME	HOPKINSON, REGINALD
STREET ADDRESS	250 TEQUESTA DR #200
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE:

Herman Jeffer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/04

561-747-6000