

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90030 011 \*\*\*150.00

**DOCUMENT # P93000006267**

1. Entity Name

SYPRETT, MESHAD, RESNICK, LIEB, DUMBAUGH,  
JONES, KROTEC & WESTHEIMER, P.A.



Principal Place of Business

1900 RINGLING BLVD.  
SARASOTA, FL 34236

Mailing Address

1900 RINGLING BLVD.  
SARASOTA, FL 34236

**94005840**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0381763

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUMBAUGH, JOHN D  
1900 RINGLING BLVD  
SARASOTA, FL 34236

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SYPRETT, JIM D	
STREET ADDRESS	1900 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA, FL	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	MESHAD, JOHN W	
STREET ADDRESS	1900 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA, FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	RESNICK, MICHAEL L	
STREET ADDRESS	1900 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA, FL	
TITLE	DAVS	<input type="checkbox"/> Delete
NAME	LIEB, M J JR	
STREET ADDRESS	1900 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA, FL	
TITLE	DAVP	<input type="checkbox"/> Delete
NAME	DUMBAUGH, JOHN D	
STREET ADDRESS	1900 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA, FL	
TITLE	DAVP	<input type="checkbox"/> Delete
NAME	JONES, TERESA D	
STREET ADDRESS	1900 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA, FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

*[Signature]*

A.V.P.

1-8-04

941-365-7171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #