

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90022 021 ***150.00

DOCUMENT # P93000011772

1. Entity Name
THE LAW OFFICES OF LOBECK HANSON & WELLS, P.A.



Principal Place of Business
**2033 MAIN ST STE 403
SARASOTA, FL 34237**

Mailing Address
**2033 MAIN ST STE 403
SARASOTA, FL 34237**

94017880



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0477521

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

**LOBECK, DANIEL J
2033 MAIN ST STE 403
SUITE 403
SARASOTA, FL 34237**

*Change
suite #
only*

7. Name and Address of New Registered Agent

Name **LOBECK, DANIEL J.**

Street Address (P.O. Box Number is Not Acceptable)

2033 Main St Ste 403

City **Sarasota**

FL

Zip Code
34237

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTV
LOBECK, DANIEL J
1057 SIRUS TRAIL
SARASOTA, FL 34232**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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☐ Change

☐ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-13-04

941 955-5622