

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 23, 2004 8:00 am**  
**Secretary of State**

07-23-2004 90001 021 \*\*\*150.00

**DOCUMENT # P94000003815**

1. Entity Name  
**LOU MAUNEY, D.O., INC.**



Principal Place of Business  
**10484 STRINGFELLOW RD  
ST. JAMES CITY, FL 33956**

Mailing Address  
**10484 STRINGFELLOW RD  
ST. JAMES CITY, FL 33956**

**34064480**



07132004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0460604**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MAUNEY, LOU  
10484 STRINGFELLOW RD  
ST. JAMES CITY, FL 33956**

**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 \$550.00  
Due by September 8, 2004**

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  
**D  
MAUNEY, LOU  
10484 STRINGFELLOW RD  
ST. JAMES CITY, FL 33956**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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CITY - ST - ZIP

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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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

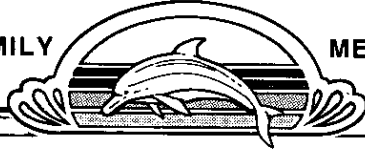
Date

Daytime Phone #

**7/16/04 239-283 5200**

Attachment  
Doc. # 94000003811-  
54064480

FAMILY



MEDICINE

LOU D. MAUNEY, D.O.

10484 Stringfellow Boulevard • Suite 1 • St. James City, Florida 33956 • (239) 283-5200  
July 14, 2004

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Attn: Tyrone Scott

Dear Mr. Scott,

Enclosed please find the renewal form for Lou D. Mauney, D.O. Inc., along with a check for One hundred fifty (\$150.00) dollars renewal fees. As I did not receive the notice this year by mail, I would appreciate your waiving the four hundred (\$400.00) penalty fee for this corporation.

Sincerely,

  
Lou D. Mauney, DO

LDM/ddt