

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000037412**

1. Entity Name

KAREN POWELL P.A.



Principal Place of Business

4813 S HEMINGWAY CIRCLE  
MARGATE FL 33063  
US

Mailing Address

4813 S HEMINGWAY CIRCLE  
MARGATE FL 33063  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number **65-0506887**

Applied For  
Not Applicable

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

POWELL, KAREN  
4813 S HEMINGWAY CIR  
MARGATE FL 33063

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete  
PRES  
POWELL, KAREN  
STREET ADDRESS 4813 S HEMINGWAY CIRCLE  
CITY - ST - ZIP MARGATE FL

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
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TITLE NAME ☐ Delete  
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STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
000000023780  
02/02/04-80039-014 150.00

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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: Karen Powell - Karen Powell, L.L.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-04

954-292-6632

Date

Daytime Phone #