2004 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT (AR)** Jan 30, 2004 8:00 am **Secretary of State** DOCUMENT # P94000083441 1. Entity Name 01-30-2004 90060 020 ***150.00 MEYERS ACCOUNTING, P.A. Principal Place of Business Mailing Address 4560 BRANDYWINE DRIVE BOCA RATON FL 33487 4560 BRANDYWINE DRIVE **BOCA RATON FL 33487** 3. Mailing Addres 2. Principal Place of Business 19916 Suite, Apt. #, etc MOORE CR2E034 (11/03) Ω^{City & State} City & State 4. FEI Number Applied For 65-0533523 ton わoca Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEYERS, JULIE A Q. Box Number is Not Street Address (P 4560 BRANDYWINE DRIVE **BOCA RATON FL 33487** 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE ☐ Delete MEYERS, JULIE MEYERS, JULIE A NAME NAME 19916 Court of the Lims STREET ADDRESS STREET ADDRESS 4560 BRANDYWINE DRIVE **BOCA RATON FL 33487** CITY-ST-ZIP CITY-ST-ZIP RATON FL 334 TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITE F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME

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

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURÉ:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

SIGNATURE

☐ Delete

Change

☐ Addition