

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90028 031 ***150.00

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1. Entity Name

LAW OFFICES OF PALMER, REIFLER & ASSOCIATES,
P.A.



Principal Place of Business

1900 SUMMIT TOWER BLVD
540
ORLANDO FL 32810

Mailing Address

1900 SUMMIT TOWER BLVD
540
ORLANDO FL 32810

2. Principal Place of Business

1900 Summit Tower Blvd.
Suite, Apt. #, etc.
820

3. Mailing Address

1900 Summit Tower Blvd.
Suite, Apt. #, etc.
820

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32810

Country
USA

Zip
32810

Country
USA

4. FEI Number
59-3309106

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALMER, JAMES R
1900 SUMMIT TOWER BLVD
540
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name
Palmer, James R
Street Address (P.O. Box Number is Not Acceptable)
1900 Summit Tower Blvd.
820
City
Orlando, FL Zip Code
32810

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
D PALMER, JAMES R ☐ Delete
STREET ADDRESS
1900 SUMMIT TOWER BLVD SUITE 540
CITY-ST-ZIP
ORLANDO FL 32810

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D Palmer, James R ☒ Change ☐ Addition
STREET ADDRESS
1900 Summit Tower Blvd., Suite 820
CITY-ST-ZIP
Orlando, FL 32810

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

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

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

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

TITLE
NAME
☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #