

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90045 025 ***150.00

DOCUMENT # P95000026299

1. Entity Name

**MULBERRY REHABILITATION & FINANCIAL
CONSULTING, INC.**



Principal Place of Business

**4360 CREEKWOOD LANE
MULBERRY FL 33860
US**

Mailing Address

**P.O. BOX 303
MULBERRY FL 33860**

2. Principal Place of Business

3621 CLIPPER WAY

Suite, Apt. #, etc.

3. Mailing Address

3621 CLIPPER WAY

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

TAVARES FL

City & State

TAVARES FL

4. FEI Number

59-3307700

Applied For

Not Applicable

Zip

32778

Country

USA

Zip

32778

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DOYLE, DOROTHY B
4360 CREEKWOOD LANE
MULBERRY FL 33860**

7. Name and Address of New Registered Agent

Name

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

3621 CLIPPER WAY

City

TAVARES

FL

Zip Code

32778

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

Dorothy B. Doyle

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/8/04

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: PSTC ☐ Delete
NAME: DOYLE, DOROTHY B
STREET ADDRESS: 4360 CREEKWOOD LANE
CITY-ST-ZIP: MULBERRY FL 33860

TITLE: VD ☐ Delete
NAME: DOYLE, LEROY
STREET ADDRESS: 4360 CREEKWOOD LN
CITY-ST-ZIP: MULBERRY FL

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: **3621 CLIPPER WAY**
CITY-ST-ZIP: **TAVARES FL 32778**

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: **3621 CLIPPER WAY**
CITY-ST-ZIP: **TAVARES FL 32778**

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

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

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

TITLE: ☐ Change ☐ Addition
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:

Dorothy B. Doyle

Dorothy B. Doyle, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/04

Date

(352)343-1803

Daytime Phone #