2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

03-02-2004 90043 032 ***100.00
05-05-2004 90245 011 ****50.00

DOCUMENT # P96000039755

1. Entity Name
JOAN M. GUSTAFSON, P.A.

Principal Place of Business
RE/MAK ADVANTAGE 10138 US 19
~~8410 US 19 SUITE 105~~
PORT RICHEY FL 34668 Port Richey Fla. 34668
US

Mailing Address 10138 US19
~~8410 US 19~~
~~SUITE 105~~
PORT RICHEY FL 34668
US

2. Principal Place of Business
10138 US 19
Suite, Apt. #, etc.
City & State Port Richey, Fla.
Zip 34668 Country

3. Mailing Address
10138 US 19 P.R
Suite, Apt. #, etc.
City & State Port Richey Fla.
Zip 34668 Country

MOORE CR2E034 (11/03)

4. FEI Number 59-3436998 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
WARD, R.C.
1253 PARK STREET
CLEARWATER FL

7. Name and Address of New Registered Agent
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 Joan M Gustafson 2-09-04
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GUSTAFSON, JOAN M	NAME	
STREET ADDRESS	8410 U.S. 19 SUITE 105	STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL 34668	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GUSTAFSON, SELENA M	NAME	
STREET ADDRESS	8410 U.S. 19 SUITE 105	STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL 34668	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Joan M Gustafson 3-12-04 727-514-5662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 14022340

#P96000039755

To whom it may Concern —
pls check this out —
as I thought check was
intended to be $150.00 —
my 5's look like 0's
sometimes — let me know
cell phone # 727 514-5662