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

MOORE CR2E034 (11/03)

DOCUMENT # P96000039755

1. Entity Name

JOAN M. GUSTAFSON, P.A.

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

2. Principal Place of Business	3. Mailing Address
10138 US 19	10138 US 19 P.R
Suite, Apt. #, etc.	Suite, Apt. #, etc. 34668
City & State: Port Richey, Fla.	City & State: Port Richey Fla.
Zip: 34668 Country	Zip: 34668 Country

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	7. Name and Address of New Registered Agent
WARD, R.C. 1253 PARK STREET CLEARWATER FL	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 DATE: 2-09-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
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	

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 $1150.00—
my 5's look like 0's
Sometimes — let me know
cell phone # 727
514-5662