

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2004 8:00 am
Secretary of State

06-23-2004 90001 026 ***150.00

DOCUMENT # P96000047805

1. Entity Name
STACEY J. PLUMMER, P.A.



Principal Place of Business
**2950 5TH AVENUE
ST. PETERSBURG, FL 33713**

Mailing Address
**2950 5TH AVENUE
ST. PETERSBURG, FL 33713**

54058475



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06142004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3394810

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

Name **JULIE PLUMMER, PA (JULIE PLUMMER)**

Street Address (P.O. Box Number is Not Acceptable)
3862 Central AVENUE

City **ST. PETERSBURG**

FL

Zip Code
33711

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 **Julie Plummer - attorney at law**

6/18/04

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

(NOTE: Registered agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PSTD**
STREET ADDRESS **PLUMMER, STACEY J**
CITY-ST-ZIP **2950 5TH AVENUE
ST. PETERSBURG, FL 33713**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

Stacey Jane Plummer

Stacey Jane Plummer

6/18/04

**727
328-7300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #