

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90056 011 \*\*\*150.00

**DOCUMENT # P96000070173**

1. Entity Name

PETALZ AND ASSOCIATES INCORPORATED



Principal Place of Business

4250 ALAFAYA TRAIL  
STE. 124  
OVIEDO FL 32765

Mailing Address

4250 ALAFAYA TRAIL  
STE. 124  
OVIEDO FL 32765

14003019



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3394193

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

BANKS, RUTH B  
4250 ALAFAYA DR STE 124  
OVIEDO FL 32765

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

*Ruth B. Banks, Pres.*

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

(NOTE: Registered Agent signature required when reinstating)

*4/10/04*

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	DCOP	<input type="checkbox"/> Delete
NAME	BANKS, RUTH B	
STREET ADDRESS	2338 A' BALONE BLVD	
CITY-ST-ZIP	ORLANDO FL 32833	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, SHEILA W	
STREET ADDRESS	518 NEVADA LOOP RD	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROPHY, ROBBIN B	
STREET ADDRESS	13021 DESERT FOREST COURT	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANKS, ROBERT K	
STREET ADDRESS	3817 SHAWN CIR.	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BANKS III, ROLAND W	
STREET ADDRESS	3141 INDIANA	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Ruth B. Banks, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/10/04 (407)366-1177*

DATE

Daytime Phone #