2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Sep 09, 2004 8:00 am Secretary of State 09-09-2004 90015 040 ***550.00 DOCUMENT # P96000080056 1. Entity Name DR. TODD R. REGNAERT & ASSOCIATES, P.A. Principal Place of Business Mailing Address 2300 TAMIAMI TRAIL 2300 TAMIAMI TRAIL 24084411 PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) Applied For City & State City & State 4. FEI Number 65-0701321 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REGNAERT, TODD R Street Address (P.O. Box Number is Not Acceptable) 5577 BAYHIU CT. NORTH PORT FL 34287 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 1 AUG 04 FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTS TITLE ☐ Addition TITLE ☐ Delete REGNAERT, TODD R. HALIF NAME STREET ADDRESS 2300 TAMIAMI TRAIL STREET ADDRESS PORT CHARLOTTE FL 33452 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY.ST.7IP COY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE MAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ 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

with all other like empowered

changed, or on an attachment with an address

SIGNATURE:

FILED



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

August 30, 2004

DR. TODD R. REGNAERT & ASSOCIATES, P.A. 2300 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952

Subject: DR. TODD R. REGNAERT & ASSOCIATES, P.A.

Reference Number:

P96000080056

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call-will-be answered in the order it is received.

/rg ANNUAL REPORTS SECTION