

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2004 8:00 am
Secretary of State

03-17-2004 90031 047 ***150.00

DOCUMENT # P96000100623 1. Entity Name LUDWIG J. ABRUZZO, P.A.	
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Principal Place of Business
5425 PARK CENTRAL CT
NAPLES, FL 34109 US

Mailing Address
5425 PARK CENTRAL CT
NAPLES, FL 34109 US

66411208



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3421433	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132

**DO NOT WRITE
IN THIS SPACE**

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

(Signature of Registered Agent)
Signature, typed or printed name of registered agent and title if applicable.

(Signature of President)
(NOTE: Registered Agent signature required when reinstating)

3/26/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ABRUZZO, LUDWIG J
STREET ADDRESS	5425 PARK CENTRAL COURT
CITY - ST - ZIP	NAPLES, FL 34109

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

(Signature)
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #