

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000000479

1. Entity Name
HURLEY PARTIN WHITAKER, P.A.



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

04-16-2004 90042 042 ***150.00

Principal Place of Business
500 N HARBOR CITY BLVD
STE D
MELBOURNE, FL 32935

Mailing Address
500 N HARBOR CITY BLVD
STE D
MELBOURNE, FL 32935

2. Principal Place of Business
500 N Harbor City Blvd.
Suite, Apt. #, etc.

3. Mailing Address
500 N Harbor City Blvd.
Suite, Apt. #, etc.



03082004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3443989

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

WHITAKER, HURLEY PARTIN
500 N HARBOR CITY BLVD
MELBOURNE, FL 32935

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME WHITAKER, HURLEY PARTIN ☐ Delete
STREET ADDRESS 500 N HARBOR CITY BLVD STE D
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE VPS
NAME WHITAKER, SYLVIA ☐ Delete
STREET ADDRESS 500 N HARBOR CITY BLVD STE D
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR 12 2004