

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90011 011 \*\*\*150.00

**DOCUMENT # P97000028947**

1. Entity Name

SOPHIA'S CHOICE PROPERTIES, INC.



Principal Place of Business

2331 SHERBROOKE ROAD  
WINTER PARK FL 32792

Mailing Address

2331 SHERBROOKE ROAD  
WINTER PARK FL 32792

2. Principal Place of Business

2331 Sherbrooke Rd.

Suite, Apt. #, etc.

N/A

3. Mailing Address

2331 Sherbrooke Rd.

Suite, Apt. #, etc.

N/A



MOORE

CR2E034 (11/03)

City & State

Winter Park, FL 32792

City & State

WINTER PARK, FL 32792

Zip

32792

Country

ORANGA

Zip

32792

Country

ORANGA

4. FEI Number

59-3430460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LA FRANCE, NANCY D  
2331 SHERBROOKE ROAD  
WINTER PARK FL 32792

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

*Nancy LaFrance*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/04

**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 PVST ☐ Delete  
NAME LA FRANCE, NANCY D  
STREET ADDRESS 2331 SHERBROOKE ROAD  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE D ☐ Delete  
NAME LA FRANCE, NANCY D  
STREET ADDRESS 2331 SHERBROOKE ROAD  
CITY-ST-ZIP WINTER PARK FL 32792

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

TITLE ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*Please send  
receipt of payment  
as I do not receive  
canceled check.  
Thank you  
Nancy LaFrance*

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:

*Nancy LaFrance*

NANCY LAFRANCE 3/11/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 407-643-1942