

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90018 018 \*\*\*150.00

**DOCUMENT # P97000048500**

1. Entity Name

THE LONSER CENTER, P.A.



Principal Place of Business

1313 S WASHINGTON AVE UNIT D  
TITUSVILLE FL 32780

Mailing Address

1313 S WASHINGTON AVE UNIT D  
TITUSVILLE FL 32780

64011000



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3002 SIR HAMILTON CIR

3. Mailing Address

3002 SIR HAMILTON CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TITUSVILLE, FLORIDA

City & State

TITUSVILLE, FLORIDA

Zip

32780

Country

USA

Zip

32780

Country

USA

4. FEI Number

59-3454549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LONSER, JOAN I  
1313 S WASHINGTON AVE UNIT D  
TITUSVILLE FL 32780

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**

**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 PVTS ☐ Delete  
NAME LONSER, JOAN I  
STREET ADDRESS 1775 MAYTOWN RD  
CITY-ST-ZIP OAK HILL FL 32759

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVTS ☒ Change ☐ Addition  
NAME JOAN I. LONSER  
STREET ADDRESS 3002 SIR HAMILTON CIRCLE  
CITY-ST-ZIP TITUSVILLE, FL 32780

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 ☐ Change ☐ Addition  
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:

JOAN I. LONSER, A.P.  
AP PVS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-04 321-264-5777