

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90733 027 ***158.75

DOCUMENT # P97000053498

1. Entity Name

PERSONAL TOUCH COURT REPORTING, INC.



Principal Place of Business

3741 SW COQUINA COVE WAY
#207
PALM CITY FL 34990
US

Mailing Address

3741 SW COQUINA COVE WAY
#207
PALM CITY FL 34990
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0764218

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCIORRA, CYNTHIA
2254 BELLA VISTA WAY
PORT SAINT LUCIE FL 34952

Name CYNTHIA SCIORRA

Street Address (P.O. Box Number is Not Acceptable)
3741 SW COQUINA COVE WAY,

#207

City PALM CITY

FL

Zip Code
34990

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

Cynthia Sciorra, President (CYNTHIA SCIORRA, PRESIDENT) 4/17/04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS SCIORRA, CYNTHIA
CITY-ST-ZIP 2254 BELLA VISTA WAY
PORT SAINT LUCIE FL 34952

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS SCIORRA, CYNTHIA
CITY-ST-ZIP 3741 SW COQUINA COVE WAY, #207
PALM CITY, FL 34990

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Cynthia Sciorra, President (CYNTHIA SCIORRA, PRESIDENT) 4/17/04 (772) 486-0321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #