## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P97000086868**

HARBOUR ENT ASSOCIATES, MD P.A.



Principal Place of Business

Mailing Address

11211 PROSPERITY FARMS RD. STE C303

PALM BEACH GARDENS, FL 33410

11211 PROSPERITY FARMS RD.

STE C303

PALM BEACH GARDENS, FL 33410

## **FILED** Apr 28, 2004 8:00 am Secretary of State

04-28-2004 90178 016 \*\*\*150.00



02042004 No Chg-P CR2E034 (10/03)

## DO NOT WRITE IN THIS SPACE

	40.00	
65-0748180		Not Applicable
4. FEI Number		Applied For

5. Certificate of Status Desired ---

\$8,75 Additional Fee Required

6. Name and Address of Current Registered Agent

505 3 FLAGLER DRIVE STE. T100 WEST PALM BEACH, FL 33401 DAVIS, RICHARD T. 901 N. OLIVE AVENUE WEST PALM BEACH, FL  8. The above named entity submits this statement for the	3340 ( purpose of changing its registered	d office or re	IN T	NOT WRITE THIS SPACE  th, in the State of Florida. I am familiar with	h, and accept
the obligations of registered agent.				04/20/04	
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	9. Election Campaign Finance Trust Fund Contribution.	oing : -	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRE  TITLE PSTD  NAME DEDO, DOUGLAS D  STREET ADDRESS 11211 PROSPERITY FARMS RD. #3  CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	03-C				
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			•		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		The second secon		NOT WRITE	The state of the s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:		IN.	THIS SPACE	
TITLE NAME STREET ADDRESS . CITY - ST-ZIP		. *	. ,		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12.   hereby certify that the information supplied with this	3				

indicated on this report or supplemental re of the corporation or the receiver or truste changed, or on an attachment with an add ort is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: