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Secretary of State

04-07-2004 90001 034 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000097767

1. Entity Name
GREGORY L. DENES, P.A.



Principal Place of Business Mailing Address
301 CLEMATIS ST. 14255 U.S. Highway 1 301 CLEMATIS ST. Same as principal
SUITE 3000 Suite 243 SUITE 3000
WEST PALM BEACH, FL 33401 Juno Beach, FL WEST PALM BEACH, FL 33401
33408

94045417



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0797188

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DENES, GREGORY L
301 CLEMATIS ST. 14255 U.S. Highway One
SUITE 3000 Suite 243
WEST PALM BEACH, FL 33401 Juno Beach, FL 33408

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IN THIS SPACE

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME DENES, GREGORY L
STREET ADDRESS 301 CLEMATIS ST., STE 3000 Same as above
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE
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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

Gregory L. Denes 1-6-04 (561) 694-9199

Date

Daytime Phone #