

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000035542

1. Entity Name  
LAW OFFICE OF SUZANNE C. QUINONEZ, P.A.



**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90014 007 \*\*\*150.00

Principal Place of Business **102**  
2747 BLANDING BLVD, STE ~~104~~  
MIDDLEBURG, FL 32068

Mailing Address  
PO BOX 130  
MIDDLEBURG, FL 32050



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3507347

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

QUINONEZ, SUZANNE C  
2747 BLANDING BLVD, STE ~~104~~ **102**  
MIDDLEBURG, FL 32068

**DO NOT WRITE  
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 \_\_\_\_\_ (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	DP
NAME	QUINONEZ, SUZANNE C
STREET ADDRESS	2747 BLANDING BLVD, STE 104
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Suzanne C. Quinonez President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/04 (904) 282-6022  
Date Daytime Phone #

#6288 2/3/04