

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 09, 2005 8:00 am
Secretary of State

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02012005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000051657 1. Entity Name DEBRA PARDEE-GAFFNEY, LICENSED ACUPUNCTURIST, INC.					
Principal Place of Business 339 E. NEW YORK AVENUE DELAND, FL 32724-5509 US			Mailing Address 339 E. NEW YORK AVENUE DELAND, FL 32724-5509 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-3561380			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PARDEE-GAFFNEY, DEBRA 339 E. NEW YORK AVENUE DELAND, FL 32724-5509				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 file it applicable. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS ☐ Delete ☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. GAFFNEY, DRBRA PARDEE 339 E NEW YORK AVENUE DELAND, FL 32724				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST GAFFNEY, JOHN 339 E NEW YORK AVENUE DELAND, FL 32724				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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, without other like empowered.					
SIGNATURE: <u>Debra Pardee Gaffney</u> 2/2/05 386 7344126 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					