

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90237 011 \*\*\*150.00

**DOCUMENT # P98000067553**

1. Entity Name  
**MARSHA SCHILDHORN, P.A.**



Principal Place of Business  
**4140 NW 60 CIR  
BOCA RATON, FL 33496**

Mailing Address  
**4140 NW 60 CIR  
BOCA RATON, FL 33496**

**54030090**



2. Principal Place of Business  
**4140 Briarcliff Circle**  
Suite, Apt. #, etc.

3. Mailing Address  
**4140 Briarcliff Cir**  
Suite, Apt. #, etc.

04022004 Chg-P CR2E034 (10/03)

City & State  
**Boca Raton**

City & State  
**Boca Raton, FL**

4. FEI Number  
**65-0852886**

Applied For  
Not Applicable

Zip  
**FL**

Country  
**33496**

Zip  
**33496**

Country  
**USA**

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

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

**SCHILDHORN, MARSHA  
4140 NW 60 CIR  
BOCA RATON, FL 33496**

**7. Name and Address of New Registered Agent**

Name  
**Marsha Schildhorn**  
Street Address (P.O. Box Number is Not Acceptable)  
**4140 Briarcliff Circle**  
City  
**Boca Raton** **FL** Zip Code  
**33496**

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 **Marsha Schildhorn**  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SCHILDHORN, MARSHA  
4140 NW 60 CIR  
BOCA RATON, FL 33496** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSTD  
SCHILDHORN, RICHARD  
4140 NW 60 CIR  
BOCA RATON, FL 33496** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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CITY-ST-ZIP  
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☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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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, with all other like empowered.

SIGNATURE: **Marsha Schildhorn**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-2-04** **5619129209**  
Date Daytime Phone #