



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000019712</b> 1. Entity Name <b>SUSAN M. ZWIESLER, P.A.</b>																					
Principal Place of Business <b>115 S. NEWPORT AVE TAMPA FL 33606</b>		Mailing Address <b>115 S. NEWPORT AVE TAMPA FL 33606</b>																			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																			
City & State		City & State																			
Zip	Country	Zip	Country	4. FEI Number <b>59-3559615</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>																	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				 <b>MOORE CR2E034 (11/03)</b>																	
6. Name and Address of Current Registered Agent <b>ZWIESLER, SUSAN M 115 S. NEWPORT AVE TAMPA FL 33606</b>																					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Susan M. Zwiesler</i></u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">O <b>ZWIESLER, SUSAN M</b> <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>115 S. NEWPORT AVE</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>TAMPA FL 33606</b></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>U000000018931</b>  <b>01/29/04-80005-017 150.00</b> </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table> </div> </div>						TITLE	O <b>ZWIESLER, SUSAN M</b> <input type="checkbox"/> Delete	NAME	<b>115 S. NEWPORT AVE</b>	STREET ADDRESS	<b>TAMPA FL 33606</b>	CITY - ST - ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U000000018931</b> <b>01/29/04-80005-017 150.00</b>	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	O <b>ZWIESLER, SUSAN M</b> <input type="checkbox"/> Delete																				
NAME	<b>115 S. NEWPORT AVE</b>																				
STREET ADDRESS	<b>TAMPA FL 33606</b>																				
CITY - ST - ZIP																					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U000000018931</b> <b>01/29/04-80005-017 150.00</b>																				
NAME																					
STREET ADDRESS																					
CITY - ST - ZIP																					
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.																					
<b>SIGNATURE:</b> <u><i>Susan M. Zwiesler</i></u> <span style="float: right;"><b>1/22/03 (813) 258-4465</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																					