

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Be/FOREW5-1-04

FILED

04 APR -8 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/29/04 01064 001 61.25



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0905622

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

FURMAN, DOUGLAS C
943 W. TARPON BLVD. NW
PORT CHARLOTTE, FL 33952

**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

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
D
FURMAN, DOUGLAS C
1580 MARKET CIR., UNIT #5
PORT CHARLOTTE, FL 339533833

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CLARK, STEVEN F
2569 ELKCAM BLVD
PORT CHARLOTTE, FL 33952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FURMAN, CHRISTOPHER
2361 JAMAICA ST
PORT CHARLOTTE, FL 33980

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300027893183
01/29/04--01064--001 **61.25

300027893183
04/12/04--01069--002 **97.50

**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 of an attachment with an address, with all other like empowered.

SIGNATURE:

Douglas C Furman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-04 255-3473

Date

Daytime Phone #

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