

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

Jan 14, 2004 08:00 AM  
Secretary of State

DOCUMENT # P99000031762

1. Entity Name  
LENNE A. GAPSTUR, P.A.



Principal Place of Business  
340 ROYAL PALM WAY, SUITE 100  
PALM BEACH, FL 33480

Mailing Address  
340 ROYAL PALM WAY, SUITE 100  
PALM BEACH, FL 33480



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0908754

Applied For  
Not Applied

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

6. Name and Address of Current Registered Agent

GAPSTUR, LENNE A  
340 ROYAL PALM WAY, SUITE 100  
PALM BEACH, FL 33480

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  
GAPSTUR, LENNE A  
340 ROYAL PALM WAY, SUITE 100  
PALM BEACH, FL 33480

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U00000004160  
01/15/04-80001-010 150.00

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/04 561  
655-4060