2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000033022

Entity Name
 DOREEN K NELSON PA.



Secretary of State 02-23-2004 90037 037 ***150.00

FILED

Feb 23, 2004 8:00 am

Principal Place of Business

Mailing Address

2402 ORANGE TREE DRIVE EDGEWATER, FL 32141

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24003273



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02162004 No Chg-P CR

CR2E034 (10/03)

4. FEI Number 59-3569386

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, DOREEN K 2706 TRAVELERS PALM DR. EDGEWATER, FL 32141

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the obligat	ions of registered agent.					
	Signature, typed or printed name of registered agent and title	If applicable. (NOTE: Re	gistered Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu	· -	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE	PVST				•	
NAME	ME NELSON, DOREEN K					
CIDELL VOUDECC	TREET ADDRESS 2402 ORANGE TREE DRIVE					

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

STREET ADDRESS 2402 ORANGE TREE DRIVE CITY-ST-ZIP EDGEWATER, FL 32141 TITLE STREET ADDRESS CITY-S1-ZIP Titte NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-19-04 (386) 316-2243

Daytime Pho