

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90233 024 ***150.00

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1. Entity Name
HALLIE L. ZOBEL, P.A.

Principal Place of Business

455 S ORANGE AVE
STE 500
ORLANDO, FL 32801

Mailing Address

924 DELANEY AVE
ORLANDO, FL 32806

14010927



2. Principal Place of Business

1131 Symonds Ave
Suite, Apt., etc.

3. Mailing Address

1131 Symonds Ave
Suite, Apt., etc.

04262004

Chg-P

CR2E034 (10/03)

City & State

Winter Park FL

City & State

Winter Park FL

4. FEI Number

59-3571656

Applied For

Not Applicable

Zip

32789

Country

USA

Zip

FL

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZOBEL, HALLIE L
924 DELANEY AVE
ORLANDO, FL 32806

7. Name and Address of New Registered Agent

Name Zobel, Hallie L.

Street Address P.O. Box Number is Not Acceptable

1131 Symonds Ave

City

Winter Park

FL

Zip Code

32789

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

Hallie L Zobel President

April 26, 04

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 D
NAME ZOBEL, HALLIE L
STREET ADDRESS 924 DELANEY AVE
CITY-ST-ZIP ORLANDO, FL 32806 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Hallie L Zobel ☒ Change ☐ Addition
STREET ADDRESS 1131 Symonds Ave
CITY-ST-ZIP Winter Park FL 32789

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

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

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

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

TITLE NAME
STREET ADDRESS
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 filing empowered.

SIGNATURE:

Hallie L Zobel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 04

Date

407-644-2216

Daytime Phone #