

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90343 042 ***158.75

DOCUMENT # P99000050631



1. Entity Name
SUSAN E. HOFFMAN, P.A.

Principal Place of Business
**8140 S SHADOWBRIGHT PL.
FLORAL CITY, FL 34436**

Mailing Address
**8140 S SHADOWBRIGHT PL.
FLORAL CITY, FL 34436**

14015209



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0931879

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIEGEL, DONALD R.
633 S ANDREWS AVENUE
SUITE 500
FORT LAUDERDALE, FL 33302**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
NAME **HOFFMAN, SUSAN E**
STREET ADDRESS **8140 S. SHADOWBRIGHT PLACE**
CITY-ST-ZIP **FLORAL CITY, FL 34436**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Rondot, Susan E. Hoffman**
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ Addition
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.

SIGNATURE: **Susan E. Hoffman Rondot**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04
Date

(352) 726-0793
Daytime Phone #

Susan E. Hoffman Rondot

Attachment

14015209
(STATE FILE NUMBER)

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK

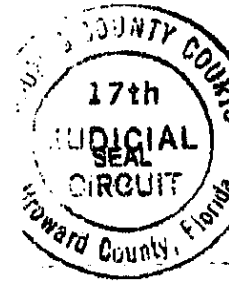
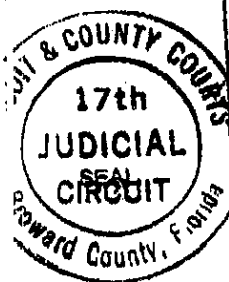
This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

DATE RETURNED:
RECORDED: BOOK PAGE
HOWARD C. FORMAN, CLERK OF COURT
BY, DEPUTY CLERK

ML-CE-01-006285
(APPLICATION NUMBER)

APPLICATION TO MARRY

2. DATE OF BIRTH (Month, Day, Year) AUG 19, 1935	
4. BIRTHPLACE (State or Foreign Country) MICHIGAN	
6. DATE OF BIRTH (Month, Day, Year) MAR 03, 1949	
8. BIRTHPLACE (State or Foreign Country) DIST/COLUMBIA	
10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) MAY 18, 2001	
12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>	
14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) MAY 18, 2001	
16. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>	



SEAL

LICENSE TO MARRY

17. COUNTY ISSUING LICENSE BROWARD		18. DATE LICENSE ISSUED MAY 18, 2001		19. DATE LICENSE EFFECTIVE MAY 21, 2001		20. EXPIRATION DATE JUL 19, 2001	
21. SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i>		22. TITLE DEPUTY CLERK		23. BY D.C.			

CERTIFICATE OF MARRIAGE

21. DATE OF MARRIAGE (Month, Day, Year) 06-02-2001		22. CITY, TOWN, OR LOCATION OF MARRIAGE POMPANO BEACH, FLORIDA	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>		23c. ADDRESS (Of person performing ceremony) 1340 S.W. 9 PL. N. LAUDERDALE, FL 3	
24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	
26. NAME AND TITLE OF PERSON PERFORMING CEREMONY BRENDA A. BOWERS My Comm Exp 5/16/2003 No. CC 837294 <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other I.D.			

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

GROOM	28. SOCIAL SECURITY NUMBER 375-32-1906	29. RACE WHITE	30. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	31. IF ANSWER IS YES TO ITEM 30, THEN COMPLETE ITEMS 32a, 32b, and 32c 32a. NO. OF THIS MARRIAGE 02	32b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE	32c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) APR 20, 1981
	30. SOCIAL SECURITY NUMBER 578-66-6260	31. RACE WHITE	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	33. IF ANSWER IS YES TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, and 33c 33a. NO. OF THIS MARRIAGE 02	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE	33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) NOV 02, 1993