

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P990Q0074691

1. Entity Name

LAW OFFICE OF ANNE H. FORD, P.A.



Principal Place of Business

2655 N OCEAN DRIVE STE 300
SINGER ISLAND, FL 33404

Mailing Address

2655 N OCEAN DRIVE STE 300
SINGER ISLAND, FL 33404



03022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0938645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

FORD, ANNE H
2655 N OCEAN DRIVE STE 300
SINGER ISLAND, FL 33404

**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 P
NAME FORD, ANNE M
STREET ADDRESS 2655 N OCEAN DR #300
CITY-ST-ZIP WEST PALM BEACH, FL 33404

TITLE
NAME
STREET ADDRESS
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000000079141
03/08/04-80054-006 150.00

**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 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 DIRECTOR

DATE

Daytime Phone #

ANNE H FORD

3/3/04

561-863-6332