

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000090226

1. Entity Name  
STERN AND MCSURDY, P.A.



Principal Place of Business  
801 S. UNIVERSITY DR., STE. 500  
PLANTATION, FL 33324

Mailing Address  
801 S. UNIVERSITY DR., STE. 500  
PLANTATION, FL 33324



02102004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0959661

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

STERN, DAVID J  
801 S. UNIVERSITY DR., STE. 500  
PLANTATION, FL 33324

**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 D  
NAME STERN, DAVID J  
STREET ADDRESS 801 S. UNIVERSITY DR., STE. 500  
CITY - ST - ZIP PLANTATION, FL 33324

TITLE D  
NAME MCSURDY, FORREST G  
STREET ADDRESS 801 S. UNIVERSITY DR., STE. 500  
CITY - ST - ZIP PLANTATION, FL 33324

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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U00000053981  
02/16/04-80152-018 150.00

**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:

*Forrest G. McSurdy* Forrest G. McSurdy 2/10/2004 (954) 233-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #