

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90010 022 ***150.00

DOCUMENT # P99000111835

1. Entity Name
CRAIG E. MUNGER, M.D., P.A.



Principal Place of Business
**403 VONDERBURG DRIVE STE 100
BRANDON, FL 33511**

Mailing Address
**3942 EDEN ROCK DR W
TAMPA, FL 33634**

44049929



07232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3620902** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MUNGER, CRAIG E
403 VONDERBURG DRIVE STE 100
BRANDON, FL 33511**

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MUNGER, CRAIG E M.D.
STREET ADDRESS	403 VONDERBURG DRIVE STE 100
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	S
NAME	MUNGER, HEATHER B
STREET ADDRESS	3942 EDEN ROCK DR W
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	T
NAME	MUNGER, WADE DANIEL
STREET ADDRESS	3942 EDEN ROCK DR W
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	VP
NAME	MUNGER, SARAH
STREET ADDRESS	3942 GLEN ROC CIRCLE W
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 #

7-23-04

813-806-9063

Attachment
44049929

JOHN T. WEAVER, CPA, P.A.

Certified Public Accountant

3601 SWANN AVE, STE 207

TAMPA, FLORIDA 33609

Telephone: 813-870-0084 *** Cell Phone 813-486-2565 *** Fax 813-350-0288

July 23, 2004

Mr. Tyrone Scott
Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Annual Report
Craig E. Munger, MD, PA
Document Number: P99000111835


Dear Tyrone:

I am asking for your help in filing this annual report fee for my client.

The reason this corporation did not file the annual report was that they did not receive the UBR or any kind of notices in the mail. The officer received a notice of intent to dissolve. Please accept their \$ 150.00 check for the 2004 UBR. I believe that not getting any notice about the UBR in the mail would be considered as reasonable cause to reinstate the corporation without penalty.

Thank you for your assistance in this matter. I appreciate your fine work. If you need additional information or I can answer any questions for you, please call me at 813-870-0084.

Sincerely,


John T. Weaver
Certified Public Accountant