

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-26-2004 90991 027 ***150.00

DOCUMENT # S09485

1. Entity Name

POSITIVE DIRECTIONS, INC.



Principal Place of Business

541 S SR 7
STE 10
MARGATE FL 33068
US

Mailing Address

541 S SR 7
STE 10
MARGATE FL 33068
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0232845

Applied For

Not Applicable

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

PORTE, ROBERT S
541 S STATE RD 7 SUITE 10
STE 10
MARGATE FL 33068

Name MEG BLASER PORTE
Street Address (P.O. Box Number is Not Acceptable)
541 S. STATE ROAD 7
SUITE 10
City MARGATE FL Zip Code 33068

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

Meg Blaser-Porte

MEG BLASER-PORTE PRESIDENT

4-21-04

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PORTE, ROBERT S	
STREET ADDRESS	541 S. STATE RD. 7, SUITE 10	
CITY-ST-ZIP	MARGATE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BLASER-PORTE, MEG	
STREET ADDRESS	541 S. STATE ROAD 7, SUITE 10	
CITY-ST-ZIP	MARGATE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HARMON, SALLY	
STREET ADDRESS	541 S. STATE RD. 7, SUITE 10	
CITY-ST-ZIP	MARGATE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLASER-PORTE, MEG	
STREET ADDRESS	541 S. STATE ROAD 7, SUITE 10	
CITY-ST-ZIP	MARGATE, FL 33068	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMON, SALLY	
STREET ADDRESS	541 S. STATE ROAD 7, SUITE 10	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Meg Blaser-Porte

MEG BLASER-PORTE PRESIDENT

4-21-04

954-979-3655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #