


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90061 032 \*\*\*150.00

**DOCUMENT # S77795**  
 1. Entity Name  
**LANCE P. MIRRER, CPA, P.A.**



Principal Place of Business      Mailing Address  
 BOX 260879      BOX 260879  
 PEMBROKE PINES, FL 33026 US      PEMBROKE PINES, FL 33026 US

**24033241**



2. Principal Place of Business      3. Mailing Address  
**PO Box 290548**      **PO Box 290548**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

03172004      Chg-P      CR2E034 (10/03)

City & State      City & State  
**DAVIE, FL**      **DAVIE, FL**

4. FEI Number      Applied For  
**65-0284153**      Not Applicable

Zip      Country      Zip      Country  
**33329-0548** **Florida**      **33329-0548** **Florida**

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

**6. Name and Address of Current Registered Agent**  
 MIRRER, LANCE P  
 5400 S. UNIVERSITY DR  
 601  
 DAVIE, FL 33328

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	DPS	<input type="checkbox"/> Delete
NAME	MIRRER, LANCE P.	
STREET ADDRESS	BOX 260879 N/A	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MIRRER, SUSIE	
STREET ADDRESS	BOX 260879 N/A	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
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	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mirrerr, Lance P.	
STREET ADDRESS	PO Box 290548	
CITY-ST-ZIP	DAVIE, FL 33329-0548	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mirrerr, Susie	
STREET ADDRESS	PO Box 290548	
CITY-ST-ZIP	DAVIE, FL 33329-0548	
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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/04**      **954-432-1099**  
Date      Daytime Phone #