


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90017 026 ***150.00

| | |
|--|---|
| DOCUMENT # S99029 1. Entity Name HUTCHISON, MAMELE & COOVER, P.A. |  |
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|---|---|
| Principal Place of Business 230 NORTH PARK AVENUE SANFORD, FL 32771 | Mailing Address 230 NORTH PARK AVENUE SANFORD, FL 32771 |
|---|---|

54007625



02022004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3093750 | Applied For Not Applicable |
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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| 6. Name and Address of Current Registered Agent MAMELE, RICHARD L. 230 NORTH PARK AVENUE SANFORD, FL 32771 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MAMELE, RICHARD L. 230 NORTH PARK AVENUE SANFORD, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D COOVER, STEPHEN H. 230 NORTH PARK AVENUE SANFORD, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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:  **RICHARD L. MAMELE** **2-2-04** **407 322 4051**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #