


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90005 024 \*\*\*150.00

<b>DOCUMENT # V03519</b> 1. Entity Name DR. ANHALT & ASSOCIATES, P.A.	
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Principal Place of Business 805 S UNIVERSITY DRIVE PLANTATION, FL 33324	Mailing Address 805 S UNIVERSITY DRIVE PLANTATION, FL 33324
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**DO NOT WRITE IN THIS SPACE**



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0302559	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  ANHALT, STEVEN M 805 S UNIVERSITY DRIVE PLANTATION, FL 33324
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANHALT, STEVEN M 805 S UNIVERSITY DRIVE PLANTATION, FL
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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: <b>X</b> 	<b>7/2/04</b> <b>954-473-2853</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>

Attachment

54060927

**BENNETT & BENNETT CPA'S, P.A.**

CERTIFIED PUBLIC ACCOUNTANTS

8181 West Broward Boulevard • Suite 255  
Plantation, Florida 33324

KEITH M. BENNETT, C.P.A.  
SANDRA H. BENNETT, C.P.A.

Phone: (954) 452-5155 • Fax: (954) 452-5221  
www.benncpa.com

July 2, 2004

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Certified Mail: 7002 2410 0004 2721 2301

RE: **Dr. Anhalt & Associates, P.A.**  
**V03519**

To Whom It May Concern:

This letter is in response to your notice of intent to dissolve the above-referenced corporation. This is the first notice that this entity has received regarding their annual report. No previous notices were received by this entity. Therefore, we are requesting an abatement of the penalty in the amount of \$400.

Enclosed is a check in the amount of \$150 for payment of the annual filing fee. In addition, a copy of the annual report is attached. Please process this annual report as soon as possible.

Should you have any questions or need any additional information, please feel free to contact our office at (954) 452-5155.

Very truly yours,



Keith M. Bennett, CPA

KMB/jmo

Encl.

cc: Dr. Steven Anhalt