

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 08:00 AM
Secretary of State



MOORE CR2E034 (11/03)

4. FEI Number **NO-T APPLICABLE** | Applied For Not Applicable

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

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

CIOFFI, JAMES A.
250 TEQUESTA DR
SUITE 200
TEQUEATA FL 33469

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

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 B.
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME RUTHERFORD, WAYNE D.
STREET ADDRESS 200 EDWARDS LN
CITY - ST - ZIP PALM BEACH SHORES FL

TITLE D ☐ Delete
NAME SAYERS, ROBERT SCOTT
STREET ADDRESS 200 EDWARDS LN
CITY - ST - ZIP PALM BEACH SHORES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY - ST - ZIP
U00000014847
01/27/04-80039-020 150.00

TITLE ☐ Change ☐ Add
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STREET ADDRESS
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CITY - ST - ZIP

TITLE ☐ Change ☐ Add
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ROBERT SCOTT SAYERS**

[Signature] **Jan 23, 2004** **561**
845-890