

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004 08:00 AM
Secretary of State

DOCUMENT # V62660

1. Entity Name
D.R. CURTIS, INC.



Principal Place of Business
**1029 GOLF VALLEY DRIVE
APOPKA, FL 32712**

Maining Address
**1029 GOLF VALLEY DRIVE
APOPKA, FL 32712**



08302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
59-3151240

App'd For
Not App'd For

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CURTIS, DONALD R.
1029 GOLF VALLEY DRIVE
APOPKA, FL 32712**

**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 _____

Signature located on back of report (right edge) within the face page

Signature located on back of report (right edge) within the face page

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

P
TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**CURTIS, DONALD R
1029 GOLF VALLEY DRIVE
APOPKA, FL 32712**

S
TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**CURTIS, MARTHA E
1029 GOLF VALLEY DR
APOPKA, FL 32712**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**DO NOT WRITE
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)(f) 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

DATE

DATE OF FILING

08/30/04 407-843-6305