## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # 619219

SCOTT A. BRAUER, C.P.A., P.A.



FILED
Jan 13, 2005 08:00 AM
Secretary of State

446-7129

Daytime Phone #

(727)

Brauer

Principal Place of Business

810 N BELCHER ROAD CLEARWATER, FL 33765-2103 Mailing Address

810 N BELCHER ROAD CLEARWATER, FL 33765-2103



## DO NOT WRITE IN THIS SPACE

01052005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For S9-1908928 Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAUER, SCOTT A. 810 N BELCHER ROAD CLEARWATER, FL 33765-2103

## 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent				required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ling 🗆	\$5.00 May Be Added to Fees		
10. OFFIČERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BRAUER, SCOTT A. 740 S. FLA. AVE TARPON SPRINGS, FL				000000179425 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAUER, SCOTT A. 740 S. FLA. AVE. TARPON SPRINGS, FL			-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 applicass, with all other like empowered.						

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR