


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 681775 1. Entity Name AHEARN, JASCO & COMPANY, P.A.	
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Principal Place of Business 190 S.E. 19 AVENUE POMPANO BEACH, FL 33060	Mailing Address 190 S.E. 19 AVENUE POMPANO BEACH, FL 33060
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02052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2008973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent AHEARN, THOMAS F. 190 S.E. 19 AVENUE POMPANO BEACH, FL 33060	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

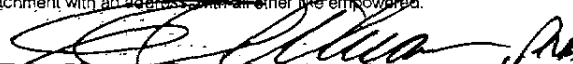
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP AHEARN, THOMAS F 190 S.E. 19 AVENUE POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS BORKOWSKI, MICHAEL A 190 S.E. 19 AVE. POMPANO BCH, FL 33060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT MCDONOUGH, REBECCA L 190 SE 19 AVE POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JAUMOT, FRANK E 190 S. E. 19TH AVE. POMPANO BCH, FL 33060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PALERMO, ANTHONY M 190 S.E. 19TH AVE. POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 02/14/05-20075-025 150.00

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:  Date: 2/15/05 Daytime Phone #: 954-781-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR