


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90188 045 ***150.00

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| DOCUMENT # P00000029215 | |  | |
| 1. Entity Name MOHIP & BURNETT, P.A. | | | |
| Principal Place of Business 2848 5TH AVENUE NORTH SAINT PETERSBURG, FL 33713 | | Mailing Address 2848 5TH AVENUE NORTH SAINT PETERSBURG, FL 33713 | |
| 2. Principal Place of Business 1800 Karleton Place S. | | 3. Mailing Address 1800 Karleton Place S. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State St. Petersburg FL | | City & State St. Petersburg FL | |
| Zip 33712 | | Country FLORIDA | |
| 4. FEI Number 59-3645490 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MOHIP, AMINIE 2848 5TH AVENUE NORTH SAINT PETERSBURG, FL 33713 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1800 Karleton Place S. City St. Petersburg FL Zip Code 33712 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOHIP, AMINIE 2848 5TH AVENUE NORTH SAINT PETERSBURG, FL 33713 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1800 Karleton Place S. St. Petersburg, FL 33712 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u>Aminie Mohip</u> | | Date: <u>4/28/05</u> | Daytime Phone #: <u>727-823-9100</u> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |