2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077864

HEYMAN, ROBERT E

981 WATERLILY CT., N.E.

ST. PETERSBURG, FL 33703

Name:

Address:

City-St-Zip:

Entity Name: ZIMMET, UNICE, SALZMAN & HEYMAN, P.A.

FILED Feb 16, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2570 CORAL LANDINGS BLVD. SUITE 201 PALM HARBOR, FL 34684 **New Mailing Address: Current Mailing Address:** P.O. BOX 15309 CLEARWATER, FL 33766 FEI Number: 59-3664875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZIMMET, ALAN S ESQ. 4702 BELDEN CIRCLE PALM HARBOR, FL 34685 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ZIMMET, ALAN S Name: Name: 4702 BELDEN CIRCLE Address: Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: Title: PD Title: () Delete () Change () Addition UNICE, T. R JR., ESQ Name: Name: 853 ROYAL BIRKDALE DRIVE Address: Address: TARPON SPRINGS, FL 34689 City-St-Zip: City-St-Zip: Title: Title: **VPTD** () Delete () Change () Addition SALZMAN, ANDREW J ESQ. Name: Name: 959 RIVERSIDE RIDGE ROAD Address: Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ALAN S. ZIMMET PD 02/16/2005