## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P94000033985

1. Entity Name

USDIN & ROSENBERG, P.A.



**FILED** Jan 31, 2005 08:00 AM Secretary of State

Fee Required

Principal Place of Business

1920 SAN MARCO BLVD JACKSONVILLE, FL 32207 US

Mailing Address

1920 SAN MARCO BLVD JACKSONVILLE, FL 32207

US



DO NOT WRITE IN THIS CRACE	01072005 No Chg-P CH	01072005 No Chg-P CH2E034 (10/03)		
DO NOT WRITE IN THIS SPACE	4. FEI Number	Applied For		
	59-3242680	Not Applicable		
	5. Certificate of Status Desired	\$8.75 Additional		

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

6. Name and Address of Current Registered Agent

USDIN, MARK G 1920 SAN MARCO BLVD JACKSONVILLE, FL 32207

## DO NOT WRITE IN THIS SPACE

the obligations of registered agent,							
SIGNATURE Signature, typed or primed name of registered agent and title if applicable (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 Finance Trust Fund Contribution.		cing	\$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD USDIN, MARK G 1920 SAN MARCO BLVD JACKSONVILLE, FL 32207				U00000204514 01/31/05-80007-023 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSENBERG, MARK L 1920 SAN MARCO BLVD JACKSONVILLE, FL 32207				<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	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)(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: