


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90024 028 ***150.00

DOCUMENT # P96000011903
 1. Entity Name
 HALICZER, PETTIS & SCHWAMM, P.A.



Principal Place of Business Mailing Address
 101 N.E. 3RD AVENUE., 6TH FLOOR 101 N.E. 3RD AVENUE., 6TH FLOOR
 FT LAUDERDALE, FL 33301 US FT LAUDERDALE, FL 33301 US

40000270



DO NOT WRITE IN THIS SPACE

01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0641373	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
 HALICZER, JAMES
 101 N.E. 3RD AVENUE., 6TH FLOOR
 FT LAUDERDALE, FL 33301

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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)


FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALICZER, JAMES 101 N.E. 3RD AVENUE., 6TH FLOOR FT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETTIS, EUGENE 101 N.E. 3RD AVENUE., 6TH FLOOR FT LAUDERDALE, FL 33301
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  1/19/05 954-523-9922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #