


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 601402
 1. Entity Name
FOLSOM, MOUM & NIELSEN, P.A.



Principal Place of Business
**445 SOUTH FEDERAL HIGHWAY
 BOCA RATON, FL 33432**

Mailing Address
**445 SOUTH FEDERAL HIGHWAY
 BOCA RATON, FL 33432**

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1276754

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MOUM, ERIC
 445 S FEDERAL HWY
 BOCA RATON, FL 33432**

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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	PT
NAME	MOUM, ERIC
STREET ADDRESS	445 S. FEDERAL HIGHWAY
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	VPS
NAME	NIELSEN, TIMOTHY A
STREET ADDRESS	445 S. FEDERAL HWY
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	S
NAME	NIELSEN, TIMOTHY A
STREET ADDRESS	445 S FEDERAL HWY
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/14/05-80007-014 50.00

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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: Timothy A. Nielsen / Timothy A. Nielsen 1-11-05 561-395-8701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #