2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State
03-30-2005 90049 005 ***150.00

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1. Entity Name
DRS. ORR, BRAUKMAN & RAUCHWAY, P.A.

Principal Place of Business	Mailing Address
800 2ND AVE SOUTH STE 210 SAINT PETERSBURG, FL 33701 US	800 2ND AVE SOUTH STE 210 SAINT PETERSBURG, FL 33701 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03182005 Chg-P CR2E034 (10/03)

4. FEI Number 59-1316491 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAUCHWAY, MICHAEL
1201 5TH AVE N.
STE 202
ST. PETERSBURG BEACH, FL 33705

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RAUCHWAY, MICHAEL 3216 CEL CENTRE ST PETERSBURG, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NUNNELLY, DAVID 5963 BAYVIEW CIR SO ST PETERSBURG, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LARSEN, CHRISTINE 800 2ND AVE SOUTH SAINT PETERSBURG, FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD EGAN, THOS. 2250 MERMAID PT. NE ST. PETERSBURG, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHIRM, STEVEN 791 SUWANNEE CT. NE ST PETERSBURG, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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