

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603473

FILED
Feb 24, 2005
Secretary of State

Entity Name: FOGLE & FIEDLER, P.A.

Current Principal Place of Business:

217 E PLYMOUTH AVE.
P.O. BOX 24
DELAND, FL 327210024

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 24
DELAND, FL 327210024 US

New Mailing Address:

FEI Number: 59-1390975 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIEDLER, TIMOTHY R
218 SILVER BRANCHTRAIL
DELAND, FL 32724 US

Name and Address of New Registered Agent:

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:

Title: VPD () Delete
Name: FOGLE, J D
Address: 550 E. PLYMOUTH AVE.
City-St-Zip: DELAND, FL 32724

Title: PD () Delete
Name: FIEDLER, TIMOTHY R
Address: 218 SILVER BRANCH TRAIL
City-St-Zip: DELAND, FL 32724

Title: STD (X) Delete
Name: FIEDLER, MARY M
Address: 218 SILVER BRANCH TRAIL
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVPD (X) Change () Addition
Name: FIEDLER, TIMOTHY R
Address: 218 SILVER BRANCH TRAIL
City-St-Zip: DELAND, FL 32724

Title: STD (X) Change () Addition
Name: FIEDLER, MARY M
Address: 218 SILVER BRANCH TRAIL
City-St-Zip: DELAND, FL 32724

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: TIMOTHY R. FIEDLER

_____ Electronic Signature of Signing Officer or Director

PVPD

02/24/2005

_____ Date