


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90128 047 ***150.00

DOCUMENT # 619151	
1. Entity Name JON E. MUNDORFF, P.A.	

Principal Place of Business 3105 EL PRADO TAMPA, FL 33629	Mailing Address 3105 EL PRADO TAMPA, FL 33629
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2. Principal Place of Business 111 S. Woodlynn Ave. Suite, Apt. #, etc.	3. Mailing Address 111 S. Woodlynn Ave. Suite, Apt. #, etc.
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City & State Tampa, FL	City & State Tampa, FL
Zip 33609	Country Hillsborough

6. Name and Address of Current Registered Agent MUNDORFF, JON 3105 EL PRADO TAMPA, FL 33629	7. Name and Address of New Registered Agent Name Mundorff, Jon Street Address (P.O. Box Number is Not Acceptable) 111 S. Woodlynn Ave. City Tampa FL Zip Code 33609
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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 _____ (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 Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUNDORFF, JON 3105 EL PRADO TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mundorff, Jon 111 S. Woodlynn Ave. Tampa, FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Jon E. Mundorff 4-5-05 813-837-6596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dying Filing #

Jon E. Mundorff