2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #625935

1. Entity Name JOHN C. VOGT, JR., P.A.



FILED Apr 28, 2005 08:00 AM Secretary of State

Principal Place of Business

442 WEST KENNEDY BLVD

STE 350 TAMPA, FL 33606 US

Mailing Address

442 WEST KENNEDY BLVD

STE 350

TAMPA, FL 33606

04152005

No Cha-P

CB2E034 (10/03)

4. FEI Number 59-1911233

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VOGT, JOHN C., JR. 442 WEST KENNEDY BLVD STE 350

TAMPA, FL 33606

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3. 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

Signature, typed or printed name of negistered agent and title if applicable.

(NOTE, Registered Agent signature regulred 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

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE VOGT, JOHN C., JR. NAME STREET ADDRESS 442 WEST KENNEDY BLVD #350 CITY-ST-ZIP TAMPA, FL TITLE GORETH, KATHERINE M NAME

U00000340518 H4/28/05-80121-008 150.00

442 WEST KENNEDY BLVD #350 STREET ADDRESS CITY-SI-ZIP TAMPA, FL. TITLE NAME STREET ADDRESS CHTY-ST-ZIP NAME STREET ADDRESS

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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:

CITY-ST-ZIP TITLE MAMP STREET ADDRESS CITY - SI - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

DUG OFFICER OR DIRECTOR

(813) 254-0322

Daytime Phone #