2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 01, 2005 08:00 AN **DOCUMENT # 626021 Secretary of State** 1. Entity Name FERLITA, WALSH & GONZALEZ, P.A. Principal Place of Business Mailing Address 3302 AZEELE STREET 3302 AZEELE STREET TAMPA, FL 33609 TAMPA, FL 33609 01182005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 59-1911375 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAUTHEN, WILLIAM H. DO NOT WRITE 131 WEST MAIN STREET TAVARES, FL 32778 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE FERLITA, SALVATORE S. NAME STREET ADDRESS 2619 HAWTHORNE CIRCLE अम्मिल्लामार CITY-ST-ZIP TAMPA, FL 33629 03.01/05-80011-018 150.00 33777 WALSH, VINCENT E. NAME STREET ADDRESS 17520 DRAKE COURT CITY-ST-ZIP LUTZ, FL 33559 TITLE FROMENT, JOHN GONZALEZ I NAME STREET ADDRESS 10001 OASIS PALM DR DO NOT WRITE CITY-SY-ZIP **TAMPA, FL 33615** 11116 IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 on 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.

GIGNATURE:

STREET ADORESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/05

813-877-9609

Daysme Phone #

FILED