

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-21-2005 90004 007 ***150.00

F85896

F85896

05 JUL 13 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06152005 Chg-P CR2E034 (10/03)

DOCUMENT # F85896 1. Entity Name DAVID TEITEL CPA, P.A.					
Principal Place of Business 38 EDINBURGH DR PALM BEACH GARDENS, FL 33418 US			Mailing Address 38 EDINBURGH DR PALM BEACH GARDENS, FL 33418 US		
2. Principal Place of Business 9906 LAUREL VALLEY AVE. CIR Suite, Apt. #, etc.		3. Mailing Address 9906 LAUREL VALLEY AVE. CIR Suite, Apt. #, etc.			
City & State BRADENTON FL.		City & State BRADENTON FL.		4. FEI Number 59-2195248	
Zip 34202		Country MANATEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TEITEL, DAVID C 38 EDINBURGH DR PALM BEACH GARDENS, FL 33418				7. Name and Address of New Registered Agent Name DAVID TEITEL Street Address (P.O. Box Number is Not Acceptable) 9906 LAUREL VALLEY AVE. CIR. City BRADENTON FL Zip Code 34202	
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 <u>DAVID TEITEL</u> DATE <u>6-15-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEITEL, DAVID 38 EDINBURGH DR PALM BEACH GARDENS, FL 33418		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID TEITEL 9906 LAUREL VALLEY AVE. CIR. BRADENTON FL. 34202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	
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	
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: <u>David Teitel</u> DAVID TEITEL			Date <u>6-15-05</u> (941) 360-1255 Daytime Phone #		