## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G09937

Title:

Name:

Address:

City-St-Zip:

FILED Jan 28, 2005 Secretary of State

Entity Name: LUSK, DRASITES & TOLISANO, P.A.					
Current Pr	incipal Place	of Business:	New Principal Place of	Business:	
	RADO BLVD RAL, FL 33909				
Current Ma	ailing Address	<b>5:</b>	New Mailing Address:		
202 DEL PRADO BLVD CAPE CORAL, FL 33909					
FEI Number:	59-2495949	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
DRASITES, THOMAS E. 202 DEL PRADO BLVD			DRASITES, THOMAS E.	202 DEL PRADO BLVD	
CAPE COR	RAL, FL 33909	US	CAPE CORAL, FL 3390	9 US	
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.					
SIGNATUR	E: THOMAS	E DRASITES		01/28/2005	
Electronic Signature of Registered Agent			t	Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS	AND DIRECT	ORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () DRASITES, THO 202 DEL PRADO CAPE CORAL, F	BLVD	Title: ( ) Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	SD () DRASITES, LISA 202 DEL PRADO CAPE CORAL, F	BLVD	Title: ( ) Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () TOLISANO, VINO 202 DEL PRADO CAPE CORAL. F	BLVD	Title: ( ) Name: Address: City-St-Zip:	) Change ()Addition	

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.

Title:

Name:

Address:

City-St-Zip:

VPD

SMITH, MARK P

CAPE CORAL, FL

2020 DAL PRADO BLVD

(X) Change ( ) Addition

SIGNATURE: THOMAS E DRASITES PD 01/28/2005

() Delete

SMITH, MARK P

CAPE CORAL, FL

2020 DAL PRADO BLVD