## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Secretary of State **DOCUMENT # H57184** 02-21-2005 90078 002 \*\*\*150.00 DETURE STONE ASSOCIATES, P.A. Principal Place of Business Mailing Address C/O DAVID I VAUGHAN IR MD C/O DAVID J VAUGHAN JR MD 1812 NORTH MILLS AVENUE 1812 NORTH MILLS AVENUE ORLANDO, FL 32803 ORLANDO, FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable 59-2558465 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent P. Klaiman VAUGHAN, DAVID J JR Street Address (P.O. Box Number is Not Acceptable) 1812 W. MILLS AVE. ORLANDO, FL 32803 Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Row PD to D ☐ Delete TITLE TITLE Addition VAUGHAN, DAVID J JR NAME NAME STREET ADDRESS 1812 NORTH MILLS AVENUE STREET ADDRESS ORLANDO, FL CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition ☐ Change D THILL, JEFFREY R NAME NAME 1812 NORTH MILLS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-ZIP D TITI F ☐ Delete TITLE Addition ☐ Change NAME JABLONSKI, DAVID H NAME 1812 NORTH MILLS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition **GUNDIAN, JULIO** NAME NAME STREET ADDRESS 1812 NORTH MILES AVENUE STREET ADDRESS ORLANDO, FL CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE nom +0 ☐ Addition Ð 2 Shange KLAIMAN, ALLAN NAME NAME STREET ADORESS 1812 NORTH MILLS AVENUE STREET ADDRESS ORLANDO, FL CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition Brady, Jeffrey NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 frustee 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.

G OFFICER OR DIRECTOR

**FILED** 

Feb 21, 2005 8:00 am

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