## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H64751

Entity Name: WERSHOW, SCHNEIDER AND ARROYO, P.A.

FILED Jan 05, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Julicut i illicipui i luce di Busiliess.	New i interput i luce of Business.

204 SE FIRST ST 204 SE FIRST ST

P.O. BOX 1260 GAINESVILLE, FL 32601 GAINESVILLE, FL 326016571

Current Mailing Address: New Mailing Address:

204 SE FIRST ST P.O. BOX 1260

P.O. BOX 1260 GAINESVILLE, FL 32602

GAINESVILLE, FL 326016571

FEI Number: 59-2546569 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WERSHOW, JONATHAN F. WERSHOW, JONATHAN F. 204 SE FIRST ST 204 SE FIRST ST

GAINESVILLE, FL US GAINESVILLE, FL 32601 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.

SIGNATURE: JONATHAN F. WERSHOW 01/05/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition

Name:WERSHOW, JONATHAN F.,Name:WERSHOW, JONATHAN FAddress:204 SE FIRST STAddress:204 SE FIRST ST

City-St-Zip: GAINESVILLE, FL City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: SCHNEIDER, PAMELA A., Name: SCHNEIDER, PAMELA A

Address: 204 SE FIRST ST Address: 204 SE FIRST ST

City-St-Zip: GAINESVILLE, FL City-St-Zip: GAINESVILLE, FL 32601

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 ARROYO, MARITZA T

 Address:
 Address:
 204 SE FIRST ST

 City-St-Zip:
 City-St-Zip:
 GAINESVILLE, FL 32601

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.

SIGNATURE: PAMELA A. SCHNEIDER MS. 01/05/2005