2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State
03-30-2005 90041 023 ***150.00

DOCUMENT # H82579

1. Entity Name
ANDREA A. RUFF, PROFESSIONAL ASSOCIATION

50032180

Principal Place of Business	Mailing Address
1205 MOUNT VERNON ST. ORLANDO, FL 32803	1205 MOUNT VERNON ST. ORLANDO, FL 32803

03232005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
333 W Alfred Street	P.O. Box 2140
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tavares, FL	City & State: Minneola, FL
Zip: 32778 Country: USA	Zip: 34755 Country: USA

4. FEI Number: 59-2597493 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUFF, ANDREA A
1205 MT. VERNON STREET
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name: James Trammell Harper Jr.
Street Address (P.O. Box Number is Not Acceptable): 333 W. Alfred Street
City: Tavares FL Zip Code: 32778

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 ____________ DATE 3/25/05

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST RUFF, ANDREA A 1205 MOUNT VERNON ST. ORLANDO, FL 32803	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST James T. Harper Jr. 333 W. Alfred Street Tavares, FL 32778	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: ____________ 3/28/05 352-343-0990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #