


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J19003**  
1. Entity Name  
THOMAS M. COSTELLO, C.P.A., P.A.



Principal Place of Business 1300 N FEDERAL HWY SUITE 201 BOCA RATON, FL 33432-9848	Mailing Address 1300 N FEDERAL HWY SUITE 201 BOCA RATON, FL 33432-9848
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01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2689745	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COSTELLO, THOMAS M.  
1300 N FEDERAL HWY  
SUITE 201  
BOCA RATON, FL 33432

**DO NOT WRITE  
IN THIS SPACE**

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) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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

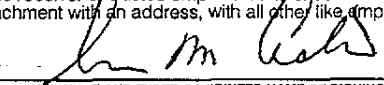
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COSTELLO, THOMAS M. 1300 N. FED HWY #201 BOCA RATON, FL
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01/11/05-80018-011 150.00

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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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #