## -2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 12, 2005 08:00 AM DOCUMENT # J50933 **Secretary of State** 1. Entity Name HARKAVY, MITCHELL & STEWART, P.A. Principal Place of Business Mailing Address 22 S LINKS AVE 22 S LINKS AVE SUITE 300 SUITE 300 SARASOTA, FL 34236-3899 SARASOTA, FL 34236-3899 01042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2750651 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MITCHELL, DAVID M. DO NOT WRITE 22 S LINKS AVE #300 SARASOTA, FL 34236-3899 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. Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required whon reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PSTD TITLE MITCHELL, DAVID M. NAME STREET ADDRESS 22 S. LINKS AVE, SUITE 300 CITY-ST-ZIP SARASOTA, FL 34236 U00000178046 TITLE U1/12/05-80011-019 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-7IP

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 AND TYPED OR DENITED NAME OF SUNNING OFFICER OR DIRECTOR

SIGNATURE:

11005

9413660115

Daytime Phone #

**FILED**