


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90299 045 ***150.00

DOCUMENT # K53732 1. Entity Name LARRY M. MESCHES, P.A.					
Principal Place of Business 222 LAKEVIEW AVE. SUITE 260 W. PALM BEACH, FL 33401			Mailing Address 222 LAKEVIEW AVENUE SUITE 260 WEST PALM BEACH, FL 33401 US		
2. Principal Place of Business 525 South Flagler Drive		3. Mailing Address 525 South Flagler Drive			
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200			
City & State West Palm Beach, FL		City & State West Palm Beach, FL		4. FEI Number 65-0104524	
Zip 33401		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33401		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MESCHES, LARRY M. 222 LAKEVIEW AVE. SUITE 260 W. PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Larry M. Mesches Street Address (P.O. Box Number is Not Acceptable) 525 South Flagler Drive Suite 200 City West Palm Beach FL Zip Code 33401		
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 Larry M. Mesches <i>[Signature]</i> DATE 4-18-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD MESCHES, LARRY M. 222 LAKEVIEW AVE, SUITE 260 W. PALM BEACH, FL 33401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Larry M. Mesches 525 S. Flagler Drive, Suite 200 West Palm Beach, FL 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Larry M. Mesches					
Date 4/18/05 Daytime Phone # (561) 659-4020					