


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90026 034 ***150.00

DOCUMENT # L40032
 1. Entity Name
VIRGIL A. JUDAH, C.P.A., P.A.



Principal Place of Business Mailing Address
3949 EVANS AVE SUITE 105 FT. MYERS, FL 33901 US
3949 EVANS AVE SUITE 105 FT. MYERS, FL 33901 US

2. Principal Place of Business 3. Mailing Address
12811 Kenwood Lane Suite 209 Fort Myers, FL
 Suite, Apt. #, etc. City & State
12811 Kenwood Lane Suite 209 Fort Myers, FL
 Suite, Apt. #, etc. City & State

4. FEI Number 65-0168950 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 Zip Country Lee 33907 Lee

6. Name and Address of Current Registered Agent
JUDAH, VIRGIL A. 3949 EVANS AVE #105 SUITE 301 FT. MYERS, FL 33901

40019216



02052005 Chg-P CR2E034 (10/03)

7. Name and Address of New Registered Agent
 Name **Judah, Virgil A.**
 Street Address (P.O. Box Number is Not Acceptable) **12811 Kenwood Lane Suite 209**
 City **Fort Myers** FL Zip Code **33907**

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 _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDAH, VIRGIL A.	NAME	
STREET ADDRESS	3949 EVANS AVE. #301	STREET ADDRESS	12811 Kenwood Lane #209
CITY-ST-ZIP	FT. MYERS, FL	CITY-ST-ZIP	Fort Myers, FL 33907
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 information empowered.

SIGNATURE:  DATE: **2/16/05** DAYTIME PHONE: **239 225-3405**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR