## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L40054

FILED Apr 29, 2005 Secretary of State

Entity Name: JON R. DEMING, P.A.						
Current Principal Place of Business:			New Princi	ipal Place of Business:		
% JON R. E 5245 RAMS FT MYERS,	EY WAY SUI	TE 6				
Current Mailing Address:			New Mailir	New Mailing Address:		
% JON R. E 5245 RAMS FT MYERS,	EY WAY SUI	TE 6				
FEI Number: (	35-0159572	FEI Number Applied For ( )	El Number Not Appli	licable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
	EY WAY  FL 33907 Unamed entity:		ose of changing it	ts registered office or registered agent, or both,		
SIGNATUR	E:					
	Electror	ic Signature of Registered Agent		Date		
Election Cam	paign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ( ) DEMING, BARE 1501 CHARMO FORT MYERS,	NT PL	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition DEMING, BARBARA J 2968 SURFSIDE BLVD CAPE CORAL, FL 33914		
Title: Name: Address: City-St-Zip:	VP () DEMING, KEN 1477 SPINAKE HIGHLAND, MI		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	ST () DEMING, LISA 1503 SW 48TH CAPE CORAL,		Title: Name: Address: City-St-Zip:	ST (X) Change ( ) Addition TAYLOR, LISA 1507 NW 42ND AVENUE CAPE CORAL, FL 33993		
Title: Name: Address: City-St-Zip:	D ( ) DEMING, BARE 1501 CHARMO FORT MYERS,	NT PL	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition DEMING, BARBARA J 2968 SURFSIDE BOULEVARD CAPE CORAL, FL 33914		
Title: Name: Address: City-St-Zip:	( )	) Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition DEMING, JON R 2968 SURFSIDE BOULEVARD CAPE CORAL, FL 33914		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA J DEMING **PRES** 04/29/2005