2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L73980

1. Entity Name THE LAW OFFICE OF GLEN J. TORCIVIA AND ASSOCIATES, P.A.



Principal Place of Business

701 NORTHPOINT PARKWAY.

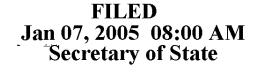
SUITE 209 WEST PALM BEACH, FL 33407

Mailing Address

701 NORTHPOINT PARKWAY

SUITE 209

WEST PALM BEACH, FL 33407





DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
65-0195026		Not Applicable
	¢0.7E	A -1 -1147 1

5. Certificate of Status Desired

01052005

56.75 Additional Fee Required

CR2E034 (10/03)

TORCIVIA, GLEN J 701 NORTHPOINT PARKWAY, SUITE 209 WEST PALM BEACH, FL 33407

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

No Chg-P

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, typed or printed name of registered agent and fille if applicable. (NOTE Registered Agent signature required when reinstating) DAYE						
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D TORCIVIA, GLEN J 701 NORTHPOINT PARKWAY, SUITE W PALM BEACH, FL 33407	-			U00000173859 01/07/05-80035-018 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS 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)(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:

Daytime Phone #