2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2005
Secretary of State

DOCUMENT# L91720

Entity Name: WARD ROVELL, PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

101 EAST KENNEDY BLVD.
SUITE 4100
TAMPA, FL 336025179

New Principal Place of Business:

Current Mailing Address:

101 EAST KENNEDY BLVD.
SUITE 4100
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-3024711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARD, ALTON C ESQ.
101 EAST KENNEDY BLVD.
SUITE 4100
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	WARD, ALTON C	
Address:	101 EAST KENNEDY BOULEVARD, STE. 4100	
City-St-Zip:	TAMPA, FL 336025179	
Title:	DS	( ) Delete
Name:	ROVELL, ROGER J	
Address:	101 EAST KENNEDY BOULEVARD, STE. 4100	
City-St-Zip:	TAMPA, FL 336025179	
Title:	DVP	( ) Delete
Name:	VAN EEPOEL, AUGUST M	
Address:	101 EAST KENNEDY BOULEVARD, STE. 4100	
City-St-Zip:	TAMPA, FL 336025179	
Title:	DAT	( ) Delete
Name:	TWEED, R. DENNIS	
Address:	101 EAST KENNEDY BOULEVARD, STE. 4100	
City-St-Zip:	TAMPA, FL 336025179	
Title:	DT	( ) Delete
Name:	HANEY, R. REID	
Address:	101 EAST KENNEDY BOULEVARD, STE. 4100	
City-St-Zip:	TAMPA, FL 336025179	
Title:	DAS	( ) Delete
Name:	CARVER, CHARLES H	
Address:	101 EAST KENNEDY BOULEVARD, STE. 4100	
City-St-Zip:	TAMPA, FL 336025179	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DAS	(X) Change ( ) Addition
Name:	DOLCIMASCOLO, SAMUEL B	
Address:	101 EAST KENNEDY BOULEVARD, STE. 4100	
City-St-Zip:	TAMPA, FL 33602 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: ALTON C WARD P 01/03/2005

Electronic Signature of Signing Officer or Director — Date