


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90055 035 ***150.00

DOCUMENT # P00000057008					
1. Entity Name ADELE P. BOURCIER, PA					
Principal Place of Business 1115 LARCHMONT DR ENGLEWOOD, FL 34223			Mailing Address 1115 LARCHMONT DR ENGLEWOOD, FL 34223		
2. Principal Place of Business P33 DIANE CIRCLE Suite, Apt. #, etc.		3. Mailing Address P33 DIANE CIRCLE ENGLEWOOD		03292005 Chg-P CR2E034 (10/03)	
City & State ENGLEWOOD FL		City & State FL		4. FEI Number 65-1016734	
Zip 34223		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOURCIER, ADELE 1115 LARCHMONT DR ENGLEWOOD, FL 34223			7. Name and Address of New Registered Agent Name: ADELE BOURCIER Street Address: P33 DIANE CIRCLE City: ENGLEWOOD FL Zip Code: 34223		
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: <i>Adele Bourcier</i> DATE: 3/29/05 <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 P	BOURCIER, ADELE		<input type="checkbox"/> Delete	TITLE BOURCIER, Adele	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1115 LARCHMONT DR			NAME	P33 DIANE CIRCLE
STREET ADDRESS	ENGLEWOOD, FL 34223			STREET ADDRESS	ENGLEWOOD FL 34223
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	
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)(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>Adele Bourcier PA</i>				3/28/05 941-474-3259	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

50032666

