2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000100351

1. Entity Name
DAWN FORGIONE, P.A.

Principal Place of Business
~~6672 NW 25TH COURT~~ 5533 N Military trail
BOCA RATON, FL 33496 Apt. 1709
Boca Raton, FL 33496

Mailing Address
6672 NW 25TH COURT
BOCA RATON, FL 33496

5533 S. Military trail
Apt 1709
Boca Raton, FL. 33496

2. Principal Place of Business
5533 N. Military trail

Suite, Apt. #, etc.
Apt. 1709

City & State
Boca Raton FL

Zip
33496

Country
USA

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State

Zip

Country

03292005   Chg-P   CR2E034 (10/03)

4. FEI Number
65-1051230

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLS, GARY M
1761 W HILLSBORO BLVD
STE 104
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City   FL   Zip Code

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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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

	10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPVS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FORGIONE, DAWN		NAME		
STREET ADDRESS	~~6672 NW 25TH COURT~~		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FORGIONE, DAWN		NAME		
STREET ADDRESS	~~6672 NW 25TH COURT~~ 5533 S. Military trail		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496 Apt 1709		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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)(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05   561 789-4844
Date   Daytime Phone #