


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P00000101795</b><br>1. Entity Name<br><b>ERNESTO PINZON, P.A.</b> |  |
|---|---|

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|---|---|
| Principal Place of Business<br><b>4421 SUN 'N LAKE BLVD STE C<br/>SEBRING, FL 33870</b> | Mailing Address<br><b>4421 SUN 'N LAKE BLVD STE C<br/>SEBRING, FL 33870</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>NOT APPLICABLE</b>                    | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|   |                                       |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>FROST II, JOHN W<br/>395 SOUTH CENTRAL AVE<br/>BARTOW, FL 33830</b> | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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 John W. Frost, II *John W. Frost, II* 1/14/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|--|

|  |  |
|--|--|
| 10. OFFICERS AND DIRECTORS                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PINZON, ERNESTO<br>4421 SUN 'N LAKE BLVD STE C<br>SEBRING, FL 33870 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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**DO NOT WRITE IN THIS SPACE**

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01/24/05-80064-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ernesto Pinzon* 01/14/2005 863471-1300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #