



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000002369		
1. Entity Name C. NICK DETURE, P.A.		
Principal Place of Business 800 E BROWARD BLVD STE 706 FT LAUDERDALE, FL 33301		Mailing Address 800 E BROWARD BLVD STE 706 FT LAUDERDALE, FL 33301
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent DETURE, NICK 800 E. BROWARD BLVD. #706 FORT LAUDERDALE, FL 33301		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>
FILE NOW!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR DETURE, C NICK 800 E BROWARD BLVD STE 706 FT LAUDERDALE, FL 33301	
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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: 		8-2-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #



07222005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1077330	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

000000375985
08/08/05-80010-010 \$50.00

**DO NOT WRITE
IN THIS SPACE**