

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90070 014 ***150.00

DOCUMENT # P01000058597

1. Entity Name

JON PREIKSAT, P.A. ATTORNEY AT LAW



Principal Place of Business

Mailing Address

~~355 W VENICE AVE~~
VENICE FL 34285

~~355 W VENICE AVE~~
VENICE FL 34285

2. Principal Place of Business

17 GULF MANOR DRIVE

Suite, Apt. #, etc.

3. Mailing Address

17 GULF MANOR DRIVE

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Venice, Florida

City & State

VENICE, FLORIDA

4. FEI Number

65-1109259

Applied For

Not Applicable

Zip

34285

Country

USA

Zip

34285

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PREIKSAT, JON X
~~355 W VENICE AVE~~
VENICE FL 34285

7. Name and Address of New Registered Agent

Name

X

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

17 GULF MANOR DRIVE

City
Venice

FL

Zip Code
34285

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

Jon Preiksat

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 28, 2005

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PREIKSAT, JON	
STREET ADDRESS	355 WEST VENICE AVE	
CITY - ST - ZIP	VENICE FL 34285	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	17 GULF MANOR DRIVE
CITY - ST - ZIP	VENICE, FLORIDA 34285
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Jon Preiksat

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 28, 2005

Date

941-486-9195

Daytime Phone #