


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90548 043 ***150.00

DOCUMENT # P01000117813	
1. Entity Name PHILIP FOUGEROUSSE, P.A.	

Principal Place of Business 405 WOODLAND ST. MERRITT ISLAND, FL 32953	Mailing Address 405 WOODLAND ST. MERRITT ISLAND, FL 32953
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14014958



2. Principal Place of Business 1329 Bedford Drive	3. Mailing Address Same 1329 Bedford Dr.
Suite, Apt. #, etc. Suite 1	Suite, Apt. #, etc. Suite 1
City & State Melbourne, Florida	City & State Melbourne, FL
Zip 32940	Zip 32940
Country United States	Country United States

04292005 Chg-P CR2E034 (10/03)

4. FEI Number 80-0003827	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FOUGEROUSSE, PHILIP 405 WOODLAND ST. MERRITT ISLAND, FL 32953	7. Name and Address of New Registered Agent Name Philip Fougrousse Street Address (P.O. Box Number is Not Acceptable) 1329 Bedford Dr. Suite 1 City Melbourne FL Zip Code 32940
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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 **PHILIP FOUGEROUSSE PRES**  **4/29/05**
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOUGEROUSSE, PHILIP 405 WOODLAND ST. MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **PHILIP FOUGEROUSSE PRES** **4/29/05** **321-254-7844**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #