## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 06, 2005 8:00 am Secretary of State

DOCUMENT # P01000117944  1. Entity Name NOCUS & MCMORROW, P.A.							04-06-2005 90092 042 ***150.00			
Principal Place of Business         Mailing Address           1250 TAMIAMI TRAIL NORTH         1250 TAMIAMI TRAIL NO           #201         #201           NAPLES, FL 34102         NAPLES, FL 34102										
2. Principal Place of Business				3. Mailing Address						
Suite, Apt. #, etc.				Suite, Apt. #, etc.			02212005	Chg-P	CR2E034 (10/0	3)
City & State				City & State		4. FEI Numbe 59-376		<b>├</b> ─	Applied For Not Applicable	
Zip	Country			Zip	Country		5. Certificate	of Status Desired	□ \$8.75 A	
	6. Name	and Address of Cur	rent Regis	tered Agent			7. Name and	Address of New R	egistered Agent	
NOCUS, LISA 1250 TAMIAMI TRAIL NORTH #201 NAPLES, FL 34102						Name Street Address (P.O. Box Number is Not Acceptable)				
NAFLES, FL 34102						City			FL Zip C	ode
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										
		FEE IS \$150.00 5 Fee will be \$5		9. Election Campai Trust Fund Contr		ncing \$5	.00 May Be led to Fees			
10. OFFICERS AND DIRE				CTORS		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTO	DRS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1250 TAM	LISA B ESQ. IIAMI TRAIL NORT FL 34102		☐ Delete					Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCMORROW, MARGARET L 1250 TAMIAMI TRAIL NORTH, #201					E Et adoress -ST-Zip			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1			☐ Change	Addition
indicated	on this repor	t or supplemental rep	iort is true a	ling does not qualify for and accurate and that m to execute this report	iv signat	ure shall have the s	same legal effect.	as if made under n	ath: that I am an offici	er or director i