## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 21, 2005 08:00 AM **Secretary of State** DOCUMENT # P02000003044 1. Entity Name JOHN L. CUNNINGHAM CPA PA Mailing Address Principal Place of Business 628 PENN NATIONAL RD. 628 PENN NATIONAL RD. SEFFNER, FL 33584 SEFFNER, FL 33584 02172005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 02-0533078 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CUNNINGHAM, JOHN L DO NOT WRITE 628 PENN NATIONAL RD. SEFFNER, FL 33584\_ 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. Signature, typed or printed name of registered agent and life if applicable. (NOTE Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE CUNNINGHAM, JOHN L NAME 628 PENN NATIONAL RD. STREET ADDRESS SEFFNER, FL 33584 CITY-ST-ZIP 1100000236558 02/21/05-80023-015 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE 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.

OF SIGNING OFFICER ON DIRECTOR

FILED