

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000019889

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: NICHOLAS BUSCEMI III, C.P.A., P.A.

**Current Principal Place of Business:**

8305 BOB O LINK DRIVE  
WEST PALM BEACH, FL 33412

**New Principal Place of Business:**

**Current Mailing Address:**

8305 BOB O LINK DRIVE  
WEST PALM BEACH, FL 33412

**New Mailing Address:**

FEI Number: 03-0392938

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUSCEMI, NICHOLAS III  
8305 BOB O LINK DRIVE  
WEST PALM BEACH, FL 33412 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: BUSCEMI, NICHOLAS III  
Address: 8305 BOB O LINK DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33412

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS BUSCEMI III

PST

04/22/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date