


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000031332  
 1. Entity Name  
 GREGORY TENDRICH, P.A.



Principal Place of Business  Mailing Address   
 3652 S SEACREST BLVD 3652 S SEACREST BLVD  
 BOYNTON BEACH, FL 33435 BOYNTON BEACH, FL 33435

**DO NOT WRITE IN THIS SPACE**



03292005 No Chg-P CR2E034 (10/03)  
 4. FEI Number 90-0015721 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 TENDRICH, GREGORY  
 4594 PINE TREE DR.  
 BOYNTON BEACH, FL 33436

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TENDRICH, GREGORY 4594 PINE TREE DR. BOYNTON BEACH, FL 33436
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 04/27/05-80033-016 150.00

**DO NOT WRITE IN THIS SPACE**

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:  Gregory Tendrich 561-733-5113  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #