



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90135 025 ***150.00

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| DOCUMENT # P02000041683 | | | |  | | |
| 1. Entity Name ROSEMARY MAZUR, P.A. | | | | | | |
| Principal Place of Business 9550 S. OCEAN DRIVE APT 1110 JENSEN BEACH, FL 34957 | | | Mailing Address 9550 S. OCEAN DRIVE APT 1110 JENSEN BEACH, FL 34957 | | | |
| 2. Principal Place of Business 9550 S. Ocean Drive Suite, Apt. #, etc. 1805 | | 3. Mailing Address 9550 S. Ocean Drive Suite, Apt. #, etc. 1805 | |  | | |
| City & State Jensen Beach, FL | | City & State Jensen Beach, FL | | 4. FEI Number 38-3647710 | | |
| Zip 34957 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent MAZUR, ROSEMARY 9550 S. OCEAN DRIVE APT 1110 JENSEN BEACH, FL 34957 | | | 7. Name and Address of New Registered Agent Name <u>Same</u> Street Address (P.O. Box Number is Not Acceptable) 9550 S. Ocean Drive Apt. 1805 City <u>Jensen Beach,</u> <u>FL</u> Zip Code <u>34957</u> | | | |
| 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 _____ | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | | | | |
| 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MAZUR, ROSEMARY 9550 S. OCEAN DRIVE, APT 1110 JENSEN BEACH, FL 34957 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 9550 S. Ocean Drive, Apt. 1805 <input checked="" 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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| 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: <u>Rosemary Mazur, Pres.</u> <u>4-7-05</u> <u>772-229-1997</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | | |