


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-12-2005 90135 025 \*\*\*150.00

**DOCUMENT # P02000041683**

1. Entity Name  
**ROSEMARY MAZUR, P.A.**



Principal Place of Business <b>9550 S. OCEAN DRIVE          APT 1110          JENSEN BEACH, FL 34957</b>	Mailing Address <b>9550 S. OCEAN DRIVE          APT 1110          JENSEN BEACH, FL 34957</b>
---	---



2. Principal Place of Business <b>9550 S. Ocean Drive</b>	3. Mailing Address <b>9550 S. Ocean Drive</b>
--	--

Suite, Apt. #, etc. <b>1805</b>	Suite, Apt. #, etc. <b>1805</b>
------------------------------------	------------------------------------

03242005 Chg-P CR2E034 (10/03)

City & State <b>Jensen Beach, FL</b>	City & State <b>Jensen Beach, FL</b>
---	---

4. FEI Number <b>38-3647710</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip <b>34957</b>	Country <b>USA</b>	Zip <b>34957</b>	Country <b>USA</b>
---------------------	-----------------------	---------------------	-----------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAZUR, ROSEMARY**  
**9550 S. OCEAN DRIVE**  
**APT 1110**  
**JENSEN BEACH, FL 34957**

Name **Same**

Street Address (P.O. Box Number is Not Acceptable)  
**9550 S. Ocean Drive**

Apt. **1805**

City **Jensen Beach, FL** Zip Code **34957**

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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MAZUR, ROSEMARY</b> <b>9550 S. OCEAN DRIVE, APT 1110</b> <b>JENSEN BEACH, FL 34957</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9550 S. Ocean Drive, Apt. 1805</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Rosemary Mazur, Pres. **4-7-05** **772-229-1997**

Signature and Title or Printed Name of Signing Officer or Director Date Daytime Phone #