
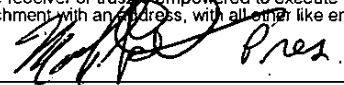


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-12-2005 90247 002 ***150.00

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DOCUMENT # P02000062024 1. Entity Name MARK A. GOETTEL, P.A.					
Principal Place of Business 5623 US HIGHWAY 19, SUITE 107 NEW PORT RICHEY FL 34652			Mailing Address 5623 US HIGHWAY 19, STE. 107 NEW PORT RICHEY FL 34652		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04-3705249 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALES, LARRY J TEW, BARNES & ATKINSON, L.L.P. 2655 MCCORMICK DR CLEARWATER FL 33759				7. Name and Address of New Registered Agent Name MARK Goette Street Address (P.O. Box Number is Not Acceptable) 5623 US Hwy 19 Suite 107 City New Port Richey FL Zip Code 34652	
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 5/1/05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Added to Fees <input type="checkbox"/> Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Pres GOETTEL, MARK A 5623 US HIGHWAY 19, STE 107 NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete			
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				
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:  5/1/05 (727) 848-6655 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					