## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 20, 2005 08:00 AM Secretary of State **DOCUMENT # P02000069028** 1. Entity Name MICHAEL S. MERSKY, P.A. Principal Place of Business Mailing Address 1100 N. OLIVE AVE. 1100 N. OLIVE AVE. W PALM BCH, FL 33401 W PALM BCH, FL 33401 01052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 32-0020531 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MERSKY, MICHAEL S ESQ. DO NOT WRITE 1100 N. OLIVE AVE. W PALM BCH, FL 33401 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Recistered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DP TITLE NAME MERSKY, MICHAEL 8 STREET ACCRESS 1100 N. OLIVE AVE. COTY-ST-ZIP WEST PALM BEACH, FL 33401 TITE F NAME U000000317412 STREET ADDRESS 04/20/05-80016-023 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP ME IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP mis STREET ADDRESS CITY-ST-ZIP 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.

TED NAME OF EIGHING OFFICER OR DIRECTOR

105

(561

7655-4719

**FILED**