

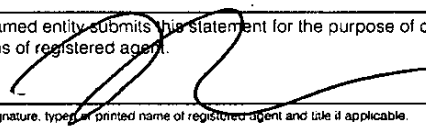
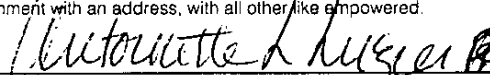


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90264 036 ***150.00

DOCUMENT # P02000075381					
1. Entity Name ANTOINETTE L. LUZIER, P.A.					
Principal Place of Business 3400 S. TAMiami TRAIL SUITE 202 SARASOTA, FL 34239			Mailing Address 3400 S. TAMiami TRAIL SUITE 202 SARASOTA, FL 34239		
2. Principal Place of Business Dunlap & Moran, P.A. Suite, Apt. #, etc. 1990 Main Street, Ste. 700 City & State Sarasota, FL Zip 34236		3. Mailing Address Dunlap & Moran, P.A. Suite, Apt. #, etc. PO Box 3948 City & State Sarasota, FL Zip 34230			
Country Sarasota		Country Sarasota		4. FEI Number 54-2064585	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LUZIER, THOMAS B ESQ. 3400 S. TAMiami TRAIL SUITE 202 SARASOTA, FL 34239			7. Name and Address of New Registered Agent Name Luzier, Thomas B. Esq. Street Address (P.O. Box Number is Not Acceptable) Dunlap & Moran, P.A. 1990 Main Street, Suite 700 City Sarasota FL Zip Code 34236		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> Thomas B. Luzier (NOTE: Registered Agent signature required when reinstating) </div> <div style="width: 20%; text-align: right;"> DATE 4-26-05 </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	DP LUZIER, ANTOINETTE L 428 NW FERN DR CRYSTAL RIVER, FL 34428	<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"/> 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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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: 		Date 3/22/05		Daytime Phone # 352 795 3880	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					