

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90551 039 ***150.00

| | | | |
|--|---|--|--|
| DOCUMENT # P02000124834 1. Entity Name GARY M. ZEIDWIG, P.A. | | | |
| Principal Place of Business 200 SE 6 STREET STE 207 FT LAUDERDALE, FL 33301 | | Mailing Address 200 SE 6 STREET STE 207 FT LAUDERDALE, FL 33301 | |
| 2. Principal Place of Business 315 S.E. 7th ST. 2nd Floor | | 3. Mailing Address 315 S.E. 7th ST. 2nd Floor | |
| City & State Fort Lauderdale, FL | | City & State Fort Lauderdale, FL | |
| Zip 33301 | | Zip 33301 | |
| Country Broward | | Country Broward | |
| 4. FEI Number 42-1564321 | | Applied For <input type="checkbox"/> Not Applicable | |
| Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ZEIDWIG, GARY M 200 SE 6 STREET STE 207 FT LAUDERDALE, FL 33301 | | 7. Name and Address of New Registered Agent Name Gary M. Zeidwig Street Address 315 S.E. 7th St. City Fort Lauderdale, FL Zip 33301 | |
| 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. <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 | DPT ZEIDWIG, GARY M 200 SE 6 STREET STE 207 FT LAUDERDALE, FL 33301 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <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: _____ | | Date 4/29/05 Daytime Phone # _____ | |