2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005
Secretary of State

DOCUMENT# P03000004303

Entity Name: LOUIE TORTORICI, P.A.

Current Principal Place of Business:

264 SOUTH HAMPTON CLUB WAY
ST AUGUSTINE, FL 32092

New Principal Place of Business:

1729 LOCHAMY LN
JACKSONVILLE, FL 32259

Current Mailing Address:

264 SOUTH HAMPTON CLUB WAY
ST AUGUSTINE, FL 32092

New Mailing Address:

1729 LOCHAMY LN
JACKSONVILLE, FL 32259

FEI Number: 74-3075354 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORTORICI, LOUIE G
264 SOUTH HAMPTON CLUB WAY
ST AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

TORTORICI, LOUIE G
1729 LOCHAMY LN
JACKSONVILLE, FL 32259 US

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.

SIGNATURE: 01/14/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TORTORICI, LOUIE
Address: 264 SOUTH HAMPTON CLUB WAY
City-St-Zip: ST AUGUSTINE, FL 32092

Title: FP ( ) Delete
Name: TORTORICI, LOUIE
Address: 264 SOUTH HAMPTON CLUB WAY
City-St-Zip: ST AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: TORTORICI, LOUIE
Address: 1729 LOCHAMY LN
City-St-Zip: JACKSONVILLE, FL 32259

Title: FP (X) Change ( ) Addition
Name: TORTORICI, LOUIE
Address: 1729 LOCHAMY LN
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIE TORTORICI P 01/14/2005
Electronic Signature of Signing Officer or Director — Date