

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000023789

Entity Name: CICOTTE D.C., P.A.

FILED  
Apr 27, 2005  
Secretary of State

## Current Principal Place of Business:

16251 N CLEVELAND AVE  
NORTH FT MYERS, FL 33903

## New Principal Place of Business:

16251 N CLEVELAND AVE  
#1  
NORTH FORTT MYERS, FL 33903

## Current Mailing Address:

16251 N CLEVELAND AVE  
NORTH FT MYERS, FL 33903

## New Mailing Address:

16251 N CLEVELAND AVE  
#1  
NORTH FORT MYERS, FL 33903

FEI Number: 65-1175008

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHUTT, DARRIN R ESQ  
1105 CAPE CORAL PKWY EAST  
CAPE CORAL, FL 33904 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CICOTTE, SCOTT S  
Address: 150 SE 18TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33990

Title: D ( ) Delete  
Name: CICOTTE, LAUREN I  
Address: 150 SE 18TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33990

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: CICOTTE, SCOTT S  
Address: 16251 N. CLEVELAND AVE #1  
City-St-Zip: N. FORT MYERS, FL 33903

Title: D (X) Change ( ) Addition  
Name: CICOTTE, LAUREN I  
Address: 16251 N. CLEVELAND AVE #1  
City-St-Zip: N. FORT MYERS, FL 33903

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: SCOTT S. CICOTTE, D.C.

PRES

04/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date