2004 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Name

FRAN LAVICKY, P.A.

Principal Place of Business

2. Principal Place of Business

Country

Signature, typed or printed name of registered agent and title if applicable,

OFFICERS AND DIRECTORS

3501 FIDDLEHEAD CT. BONITA SPRINGS, FL 34134

Suite, Apt. #, etc.

LAVICKY, FRAN

3501 FIDDLEHEAD CT. BONITA SPRINGS, FL 34134

the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

3501 FIDDLEHEAD CT.

BONITA SPRINGS, FL 34134

LAVICKY, FRAN

City & State

Zip

SIGNATURE

10.

TITLE

NAME

TIME

NAME

TITLE NAME

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP TITLE

NAME

CITY-ST-ZIP

FILED Apr 16, 2004 8:00 am Secretary of State **DOCUMENT # P03000055295** 04-16-2004 90110 048 ***150.00 Mailing Address 24044653 3501 FIDDLEHEAD CT. BONITA SPRINGS, FL 34134 3. Mailing Address Suite, Apt. #, etc. 04092004 Chg-P CR2E034 (10/03) City & State 4. FELNumber Applied For 35-2201665 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name

Street Address (P.O. Box Number is Not Acceptable)

\$5.00 May Be

Francis D. Cavicky 4-9-04 Daysone Prono

Added to Fees

City

(NOTE: Registered Agent signature required when reinstating)

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

11.

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

TITLE

NAME

TITLE

NAME

TITLE

NAME

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 official keeping overed.

STREET ADDRESS

CITY-ST-ZIP

City-ST-7IP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

9. Election Campaign Financing

Trust Fund Contribution.

☐ Delete

Delete

☐ Delete

☐ Delete

☐ Delete

Delete

Zip Code

☐ Change

Change

☐ Change

Change

☐ Change

Change

☐ Addition

Addition

Addition

Addition

☐ Addition

Addition

FL

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11