## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000070484

Entity Name: PLATT & SURBER, P.A.

City-St-Zip:

PORT ST. LUCIE, FL 34986

FILED Jan 12, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 214 SW PORT ST. LUCIE BOULEVARD PORT ST. LUCIE, FL 34984 **Current Mailing Address: New Mailing Address:** 214 SW PORT ST. LUCIE BOULEVARD PORT ST. LUCIE, FL 34984 FEI Number: 45-0526417 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SURBER, ANTHONY W SURBER, ANTHONY W 590 NW PEACOCK BLVD., SUITE 10 214 SW PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34986 PORT ST. LUCIE, FL 34984 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: 01/12/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition PLATT, RONALD L Name: Name: 170 NW SPANISH RIVER BLVD. Address: Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SURBER, TODD E Name: 170 NW SPANISH RIVER BLVD. Address: Address: BOCA RATON, FL 33431 City-St-Zip: City-St-Zip: Title: (X) Change ( ) Addition Title: ( ) Delete SURBER, ANTHONY W Name: SURBER, ANTHONY W Name: 590 NW PEACOCK BLVD., SUITE 10 Address: 214 SW PORT ST. LUCIE BLVD. Address:

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.

City-St-Zip:

PORT ST. LUCIE, FL 34984

SIGNATURE: ANTHONY W. SURBER RA 01/12/2005