


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

| | | | |
|---|---------------------------------------|---|--|
| DOCUMENT # P03000081341 1. Entity Name OTTOLITA THURSTON THOMPSON, P.A. | |  | |
| Principal Place of Business 1001 NORTH FEDERAL HIGHWAY SUITE 202 HALLANDALE, FL 33009 | | Mailing Address 1001 NORTH FEDERAL HIGHWAY SUITE 202 HALLANDALE, FL 33009 | |
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| 6. Name and Address of Current Registered Agent THOMPSON, OTTOLITA T 1001 NORTH FEDERAL HIGHWAY SUITE 202 HALLANDALE, FL 33009 | | 04262005 No Chg-P CR2E034 (10/03) 4. FEI Number NOT APPLICABLE <input type="checkbox"/> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 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: <u>Ottolita T. Thompson</u> DATE: <u>4/26/05</u> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 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 | | | |
| TITLE | PSTD | 000000358197 05/04/05-80104-011 150.00 | |
| NAME | THOMPSON, OTTOLITA T | | |
| STREET ADDRESS | 1001 NORTH FEDERAL HIGHWAY, SUITE 202 | | |
| CITY-ST-ZIP | HALLANDALE, FL 33009 | | |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
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| CITY-ST-ZIP | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(2)(d), 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: <u>Ottolita T. Thompson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date: <u>4/26/05</u> Daytime Phone #: <u>9544564337</u> | |