2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000116220

Entity Name: PETER BECSENESCO, P.A.

FILED Mar 19, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4360 TALCO AVE. 12843 MADISON POINTE CIRCLE SPRING HILL, FL 34609 US

205

ORLANDO, FL 328216875 US

Current Mailing Address: New Mailing Address:

12843 MADISON POINTE CIRCLE 4360 TALCO AVE. SPRING HILL, FL 34609 US

ORLANDO, FL 328216875 US

FEI Number: 20-0563141 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:

BECSENESCO, PETER BECSENESCO, PETER

4360 TALCO AVE. 12843 MADISON POINTE CIRCLE SPRING HILL, FL 34609 US 205

ORLANDO, FL 328216875 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: 03/19/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

() Delete

OFFICERS AND DIRECTORS:

PSTD

Title:

(X) Change () Addition Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

BECSENESCO, PETER Name: Name: BECSENESCO, PETER

4360 TALCO AVE. 12843 MADISON POINTE CIRCLE, SUITE 205 Address: Address:

City-St-Zip: SPRING HILL, FL 34609 US City-St-Zip: ORLANDO, FL 328216875 US

Title: () Delete Title: () Change (X) Addition Name: Name: BECSENESCO, ELIZABETH A

Address: 12843 MADISON POINTE CIRCLE, SUITE 205 Address:

ORLANDO, FL 328216875 US City-St-Zip: City-St-Zip:

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: PETER BECSENESCO **PSTD** 03/19/2005