

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000009974

Entity Name: DR. COLETTE CSESZKO, P.A.

FILED  
Jan 17, 2006  
Secretary of State

## Current Principal Place of Business:

926 16TH STREET NORTH  
ST. PETERSBURG, FL 33705

## New Principal Place of Business:

2011 1ST. AVE. NORTH  
ST. PETERSBURG, FL 33713

## Current Mailing Address:

926 16TH STREET NORTH  
ST. PETERSBURG, FL 33705

## New Mailing Address:

2011 1ST. AVE. NORTH  
ST. PETERSBURG, FL 33713

FEI Number: 20-0607881

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REINAGEL, KAREN EA  
11350 66TH STREET NORTH  
104  
LARGO, FL 33773 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: P ( ) Delete  
Name: CSESZKO, COLETTE E DR  
Address: 926 16TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33705

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CSESZKO, COLETTE E DR  
Address: 2011 1ST AVE. NORTH  
City-St-Zip: ST. PETERSBURG, FL 33713

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DR. COLETTE CSESZKO P.A.

P

01/17/2006

Electronic Signature of Signing Officer or Director

Date