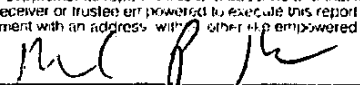


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2005 8:00 am
Secretary of State

04-25-2005 90249 029 ***150.00

DOCUMENT # P04000045792					
1. Entity Name MICHAEL P. KOMAR, P.A.					
Principal Place of Business 5654 NATOMA DRIVE FORT MYERS, FL 33919 US			Mailing Address 5654 NATOMA DRIVE FORT MYERS, FL 33919 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FFI Number 20-0859844	
5. Certificate or Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KOMAR, MICHAEL P 5654 NATOMA DRIVE FORT MYERS, FL 33919				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Federal Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	KOMAR, MICHAEL P		NAME		
STREET ADDRESS	5654 NATOMA DRIVE		STREET ADDRESS		
CITY- ST- ZIP	FORT MYERS, FL 33919		CITY- ST- ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	KOMAR, MICHAEL P		NAME		
STREET ADDRESS	5654 NATOMA DRIVE		STREET ADDRESS		
CITY- ST- ZIP	FORT MYERS, FL 33919		CITY- ST- ZIP		
TITLE	SEC	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	KOMAR, MICHAEL P		NAME		
STREET ADDRESS	5654 NATOMA DRIVE		STREET ADDRESS		
CITY- ST- ZIP	FORT MYERS, FL 33919		CITY- ST- ZIP		
TITLE	TREA	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	KOMAR, MICHAEL P		NAME		
STREET ADDRESS	5654 NATOMA DRIVE		STREET ADDRESS		
CITY- ST- ZIP	FORT MYERS, FL 33919		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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 or 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 other duly empowered.					
SIGNATURE: 			4/22/05 239-281-9004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					