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Secretary of State

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000057565

1. Entity Name
DAVID T. AGOSTON, P.A.

Principal Place of Business	Mailing Address
350 FIFTH AVENUE SOUTH SUITE 202 NAPLES, FL 34102 US	350 FIFTH AVENUE SOUTH SUITE 202 NAPLES, FL 34102 US

2. Principal Place of Business		3. Mailing Address	
3375 TAMIAMI TRAIL EAST		3375 TAMIAMI TRAIL EAST	
Suite, Apt. #, etc.: #400		Suite, Apt. #, etc.: #400	
City & State: NAPLES, FL		City & State: NAPLES, FL	
Zip: 34112	Country	Zip: 34112	Country

4. FEI Number: 02-0719669 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AGOSTON, DAVID T
350 FIFTH AVENUE SOUTH
SUITE 202
NAPLES, FL 34102

ADDRESS CHANGE

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 3375 TAMIAMI TRAIL EAST
#400

City: NAPLES FL Zip Code: 34112

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P AGOSTON, DAVID T 350 FIFTH AVENUE SOUTH NAPLES, FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD AGOSTON, DAVID T. 3375 TAMIAMI TRAIL EAST #400 NAPLES, FL 34112	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 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: [signature] 4.8.05 239 793 1433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #