2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2005 8:00 am
Secretary of State
06-13-2005 90003 005 ***550.00

DOCUMENT # P04000075124

1. Entity Name
JULIE DENICOLAIS, PA

Principal Place of Business	Mailing Address
865 BURCH DRIVE WEST PALM BEACH, FL 33415	865 BURCH DRIVE WEST PALM BEACH, FL 33415

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07022005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1107208 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MICHAEL J MCGOEY, CPA, INC 639 E OCEAN AVE SUITE 101 BOYNTON BEACH, FL 33435	Name: Can this be changed to Street Address (P.O. Box Number is Not Acceptable): Julie DeNicolais ? 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: Michael J McGoey 7/02/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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	PD DENICOLAIS, JULIE 865 BURCH DR WEST PALM BEACH, FL 33415	☐ 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: Julie Anne DeNicolais 7-2-05 561-248-6967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 66025467
#-PO# 0000751247

Please note the fee was already paid June 9, 2005 for 550.00, check # 213. Please call me if your records do not match. The bank has cleared the check.

Please forgive the confusion of the late filings. I was dealing with cancer with my mother.

Julie A. DeNicolais
561-248-6967