

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103353

FILED
May 10, 2005
Secretary of State

Entity Name: JENNIFER LYNN RICKETSON, P.A.

Current Principal Place of Business:

1591 ARDEN ST
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

1591 ARDEN ST
LONGWOOD, FL 32750

New Mailing Address:

475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32750

FEI Number: 32-0121605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICKETSON, JENNIFER LYNN
1591 ARDEN ST
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

KELLEY, GOLDBERG, LEACH & COHN PL
475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714 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: STEPHEN COHN

05/10/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RICKETSON, JENNIFER LYNN
Address: 1591 ARDEN ST
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
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: JENNIFER LYNN RICKETSON

PD

05/10/2005

Electronic Signature of Signing Officer or Director

Date