

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000109475

Entity Name: BRIAN E. VICKERS, P.A.

FILED
Apr 01, 2005
Secretary of State

Current Principal Place of Business:

6010 DREXEL LANE
#1118
FORT MYERS, FL 33919 US

New Principal Place of Business:

905 SE 29TH STREET
CAPE CORAL, FL 33904 US

Current Mailing Address:

6010 DREXEL LANE
#1118
FORT MYERS, FL 33919 US

New Mailing Address:

905 SE 29TH STREET
CAPE CORAL, FL 33904 US

FEI Number: 21-2921265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VICKERS, BRIAN E
6010 DREXEL LANE
#1118
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

VICKERS, BRIAN E
905 SE 29TH STREET
CAPE CORAL, FL 33904 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:

04/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: VICKERS, BRIAN E
Address: 6010 DREXEL LANE #1118
City-St-Zip: FORT MYERS, FL 33919 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: VICKERS, BRIAN E
Address: 905 SE 29TH STREET
City-St-Zip: CAPE CORAL, FL 33904 US

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: BRIAN E VICKERS

PRES

04/01/2005

Electronic Signature of Signing Officer or Director

Date