## 2005 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P04000116452 1. Entity Name DENISE ANDRECHECK, P. A.



	FILED	
Mar	18, 2005 8:00 an	1
Sec	retary of State	

03-18-2005 90049 024 \*\*\*150.00

Principal Place of Business  1269 MCGREGOR ROAD DELAND, FL 32720 US  Mailing Address 1269 MCGREGOR ROAD DELAND, FL 32720 US							OFFIN ENDIN BONN BONN BOND	#1 <b>88</b> 1 # <b>1818   19</b> 81)	1881 BIFTB ((F	11: II IC1	
2. Principal Place of Business 3. Mailir			3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03112005	03112005 Chg-P CR2E034 (10/03)				
City & State	City & State			City & State			4. FEI Number 20-1506618			plied For t Applicable	
Zip		Country	Zip	Coun		i	of Status Desired		3.75 Add e Required		
	6. Name	and Address of Currer	nt Registered Agent	•		7. Name and	Address of New Re	gistered Age	ent		
ANDRECH 1269 MCG DELAND, I	REGOR	ROAD			Name Street Add	ress (P.O. Box Numbe	er is Not Acceptable)				
					City			FL	Zip Cod	3	
the obligat	Signature, types	y submits this statement tered agent.  or printed name of registered age	ent and title if applicable.	(NOTE: Registere	d Agent signature r	gistered agent, or bot required when reinstating) \$5.00 May Be Added to Fees	h, in the State of Flori	DATE		and accept	
		5 Fee will be \$550	).00 Trust Fu	nd Contribution.	, <u> </u>			*****	•		
10.		OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFIC	CERS AND D	IRECTOR	3 IN 11	
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NAME	ANDREC	HECK, DENISE		NAM	iE [						
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STREET ADDRESS CITY-ST-ZIP		· •		cir	Y-ST-ZIP					I	
12. I hereby	certify that the	he information supplied v	with this filing does not o	qualify for the exe	emption stated	d in Section 119.07(3)	(i), Florida Statutes, I	further certif	y that the i	ntormation	

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 Acciver 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Denise Andrecheck