
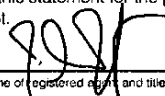
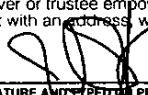


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90114 022 ***150.00

DOCUMENT # P04000126521 1. Entity Name THE LAW OFFICES OF DAVID J. PLANTE, P.A.																													
Principal Place of Business 8406 BOXWOOD CT TAMPA, FL 33615			Mailing Address 8406 BOXWOOD CT TAMPA, FL 33615																										
2. Principal Place of Business 709 W. AZEEL STREET Suite, Apt. #, etc.		3. Mailing Address 709 W. AZEEL STREET Suite, Apt. #, etc.																											
City & State Tampa, Florida		City & State Tampa, Florida		4. FEI Number 51-0521336																									
Zip 33606		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent PLANTE, DAVID J 8406 BOXWOOD CT TAMPA, FL 33615				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 <u></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>3/11/05</u>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">DP</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PLANTE, DAVID J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8406 BOXWOOD CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33615</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">709 W. AZEEL STREET</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Tampa, Florida</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>33606</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	DP	<input type="checkbox"/> Delete	NAME	PLANTE, DAVID J		STREET ADDRESS	8406 BOXWOOD CT		CITY-ST-ZIP	TAMPA, FL 33615		TITLE	709 W. AZEEL STREET	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Tampa, Florida		STREET ADDRESS	33606		CITY-ST-ZIP		
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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: <u></u> DAVID PLANTE <u>3/11/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													