2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005
Secretary of State

DOCUMENT# P04000133523

Entity Name: JUDY M. MUSTARD, P.A.

Current Principal Place of Business:

1700 N MCMULLEN BOOTH RD - STE D-1
CLEARWATER, FL 33759

New Principal Place of Business:

P. O. BOX 16005
CLEARWATER, FL 33766- 60

Current Mailing Address:

1700 N MCMULLEN BOOTH RD - STE D-1
CLEARWATER, FL 33759

New Mailing Address:

P. O. BOX 16005
CLEARWATER, FL 33766 60

FEI Number: 56-2483018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUSTARD, JUDY M
4143 MALLARD DR
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MUSTARD, JUDY M
Address: 1700 N MCMULLEN BOOTH RD - STE D-1
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MUSTARD, JUDY M
Address: 4143 MALLARD DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

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: JUDY M. MUSTARD PRES 01/24/2005
Electronic Signature of Signing Officer or Director Date