


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90086 029 ***150.00

DOCUMENT # P04000148930					
1. Entity Name CATHERINE THERESA SWANEPOEL, P.A.					
Principal Place of Business 897 AGUSTA POINTE DR. PALM BCH GARDENS, FL 33418			Mailing Address 897 AGUSTA POINTE DR. PALM BCH GARDENS, FL 33418		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0777970	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
8. Name and Address of Current Registered Agent SWANEPOEL, THERESA CATHERINE THERESA 897 AGUSTA POINTE DR. PALM BCH GARDENS, FL 33418				7. Name and Address of New Registered Agent	
9. 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.				10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANEPOEL, CATHERINE T 897 AGUSTA POINTE DR. PALM BCH GARDENS, FL 33418 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: CATHERINE THERESA SWANEPOEL Catherine Theresa Swanepoel PRESIDENT Date: 4/12/05 Daytime Phone #: 561-622-0635					