2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P92000015376

1. Entity Name

JOSÉPH N. FELLER, CPA PA



Principal Place of Business.

Mailing Address

8188 S. CORAL CIRCLE NORTH LAUDERDALE, FE 33068 $^{-}$

8188 S. CORAL CIRCLE NORTH LAUDERDALE, FL 33068 FILED
Jan 14, 2005 08:00 AM
Secretary of State



01052005

No Chg-P

CR2E034 (10/03)

L,,	
4. FEI Number	Applied For
65-0377390	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6.	Name	and	Address	of Cu	rrent Re	aistered	Agen

FELLER, JOSEPH N 8188 S. CORAL CIRCLE NORTH LAUDERDALE, FL 33068

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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.	Signature, typed or printed name of registered agent and title	itapplicable (NOTE, R	egistered Agent signature	required when reinstating)	DAYÉ	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS		***************************************	<u></u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FELLER, JOSEPH N 8188 SOUTH CORAL CIRCLE NORTH LAUDERDALE, FL			<u> </u>		
TITLE NAME STREET ADDRESS CITY+ST-ZIP					U00000180854 01/14/05-80024-014 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY+ST+ZIP				IN '	THIS SPACE	
title Name Street address City-St-Zip						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby o	ertify that the information supplied with this fil	ing does not qualify for the	e 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 orath; 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:

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/05

(954) 726-9078

Daytime Phone #