

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P93000000186

1. Entity Name

H. LEE MOFFITT, P.A.



**FILED  
Apr 12, 2005 8:00 am  
Secretary of State**

04-12-2005 90130 043 \*\*\*150.00

Principal Place of Business  
4230 S. MACDILL AVENUE  
J  
TAMPA FL 33611-1901  
US

Mailing Address  
4230 S. MACDILL AVENUE  
J  
TAMPA FL 33611-1901  
US

2. Principal Place of Business  
3301 Bayshore Blvd 12309  
Suite, Apt. #, etc.  
Unit #2309  
City & State  
Tampa, FL 33629  
Zip  
33629

3. Mailing Address  
3225 S MacDill Ave  
Suite, Apt. #, etc.  
Ste 129-336  
City & State  
Tampa, FL 33629-8171  
Zip  
33629-8171

4. FEI Number 59-3156251	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MOFFITT, H L  
4230 S MACDILL AVENUE  
SUITE J  
TAMPA FL 33611

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State
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9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOFFITT, H L 4230 S MACDILL AVENUE, SUITE J TAMPA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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.		<input checked="" 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:

SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/05 (813)831-1500

Daytime Phone #