

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000001625

Entity Name: DON CUNDIFF, CPA, P.A.

FILED  
Apr 04, 2005  
Secretary of State

## Current Principal Place of Business:

440 S BABCOCK STREET  
SUITE B  
MELBOURNE, FL 32901 US

## New Principal Place of Business:

P.O. BOX 121677  
W MELBOURNE, FL 32912 US

## Current Mailing Address:

P O BOX 34013  
INDIALANTIC, FL 32903

## New Mailing Address:

P O BOX 121677  
W MELBOURNE, FL 32912

FEI Number: 59-3159074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CUNDIFF, DON  
440 S BABCOCK STREET  
SUITE B  
MELBOURNE, FL 32901 US

## Name and Address of New Registered Agent:

CUNDIFF, DON  
P.O. BOX 121677  
W MELBOURNE, FL 32912 US

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:

04/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CUNDIFF, DON  
Address: P O BOX 34013  
City-St-Zip: INDIALANTIC, FL 32903

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CUNDIFF, DON  
Address: P O BOX 121677  
City-St-Zip: W MELBOURNE, FL 32912

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: DON CUNDIFF

D

04/04/2005

Electronic Signature of Signing Officer or Director

Date