## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

Silve E Ponticos

FILED
Mar 11, 2005 08:00 AM
Secretary of State

MINOME	KEPUKI		¬ Secretary of State
DOCUMENT # P93000042  1. Entity Name STEPHAN E. PONTICOS P.A.	580		
Principal Place of Business 7 BNFBONIMACT. W HOMOS/959, FL 34446	Mailing Address 7 BYRECNIMACT, W HOWOS498A, FL 34446	-	
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent			03022005 No Chg-P CR2E034 (10/03)  4. FEI Number
PONTICOS, STEVE 7 BYRSONIMA CT. W HOMOSASSA, FL 34446			DO NOT WRITE IN THIS SPACE
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 a	nd little if applicable (NOTE: Registere	d Agent signature required	ed when reinstaling) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.0	Election Campaign Finar     Trust Fund Contribution.		5.00 May Be kled to Fees
10. OFFICERS AND I  TITLE NAME STREET ADDRESS CITY-ST-ZIP HOMOSASSA, FL 34446  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE THE THE THE THE THE THE THE THE THE TH	DIRECTORS		03/11/05-80009-005 150.00  DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filling 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 suppliemental 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 exponention 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 attendment with an address with all other like empowered.  SIGNATURE:  SIGNATURE:  Description:  Descript			