

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90091 005 \*\*\*158.75

<b>DOCUMENT # P94000045091</b> 1. Entity Name VAN GORP, P.A.			
Principal Place of Business 772 E. ATLANTIC AVE. 324 DELRAY BEACH, FL 33483		Mailing Address 772 E. ATLANTIC AVE. 324 DELRAY BEACH, FL 33483	
2. Principal Place of Business <b>777 E. ATLANTIC AVE.</b> Suite, Apt. #, etc. <b>Z-324</b>		3. Mailing Address <b>777 E. ATLANTIC AVE.</b> Suite, Apt. #, etc. <b>Z-324</b>	
City & State <b>DeLray Beach, FL</b>		City & State <b>DeLray Beach, FL</b>	
Zip <b>33483</b>		Zip <b>33483</b>	
Country <b>FLA BEACH</b>		Country <b>FLA BEACH</b>	
4. FEI Number 65-0496524		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  VAN GORP, DAVID L 1215 SOUTHWAYS STREET DELRAY BEACH, FL 33483		7. Name and Address of New Registered Agent Name <b>Van Gorp, David L</b> Street Address (P.O. Box Number is Not Acceptable) <b>242 SE 7TH AVENUE</b> City <b>DeLray Beach</b>	
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.		FL Zip Code <b>33483</b>	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VAN GORP, DAVID L 1215 SOUTHWAYS STREET DELRAY BEACH, FL 33483	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VAN GORP, DAVID L 242 SE 7TH AVENUE DeLray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: <b>David L. Van Gorp</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>4/29/05</b> Daytime Phone #: <b>561-702-7182</b>	

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