


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P94000049317 1. Entity Name ALAN S. ZANGEN, P.A. |  |
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| Principal Place of Business 1200 CORPORATE CENTER WAY SUITE 201 WELLINGTON, FL 33414 US | Mailing Address 1200 CORPORATE CENTER WAY SUITE 201 WELLINGTON, FL 33414 US |
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DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0505317 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ZANGEN, ALAN S ESQ.
 1200 CORPORATE CENTER WAY
 SUITE 201
 WELLINGTON, FL 33414

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | UN00000254688 03/07/05-80085-001 150.00 |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P ZANGEN, ALAN S ESQ. 1200 CORPORATE CENTER WAY, SUITE 201 WELLINGTON, FL |
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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:  _____ Date: 3-4-05 Daytime Phone #: 561-793-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR