


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90049 050 ***150.00

DOCUMENT # P94000067663

1. Entity Name
JOAN H. BICKERSTAFF, P.A.



Principal Place of Business
**1811 RIVERVIEW DR
 MELBOURNE, FL 32901-4775**

Mailing Address
**1811 RIVERVIEW DR
 MELBOURNE, FL 32901-4775**

50010251

2. Principal Place of Business
10 Suntree Place
 Suite, Apt. #, etc.

3. Mailing Address
10 Suntree Place
 Suite, Apt. #, etc.

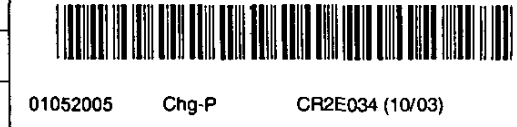
City & State
Melbourne, FL

City & State
Melbourne FL

Zip
32940 Country
USA

Zip
32940 Country
USA

6. Name and Address of Current Registered Agent
**BICKERSTAFF, JOAN H
 1811 RIVERVIEW DR
 MELBOURNE, FL 32901-4775**



4. FEI Number
59-3305067

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
10 Suntree Place

City *Melbourne* **FL** Zip Code *32940*

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 *Joan H. Bickerstaff* DATE *1/31/05*

Signature (typed printed name of registered agent and title if applicable. (Not for Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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 '05	
TITLE PVST	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BICKERSTAFF, JOAN H		NAME <i>10 Suntree Place</i>	
STREET ADDRESS 1811 RIVERVIEW DR		STREET ADDRESS <i>Melbourne, FL 32940</i>	
CITY-ST-ZIP MELBOURNE, FL 329014775		CITY-ST-ZIP <i>Melbourne, FL 32940</i>	
TITLE D	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BICKERSTAFF, JOAN H		NAME <i>10 Suntree Place</i>	
STREET ADDRESS 1811 RIVERVIEW DR		STREET ADDRESS <i>Melbourne, FL 32940</i>	
CITY-ST-ZIP MELBOURNE, FL 329014775		CITY-ST-ZIP <i>Melbourne, FL 32940</i>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 empowerments.

SIGNATURE: *Joan H. Bickerstaff* DATE: *1/31/05* DAYTIME PHONE: *(321) 723-1009*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR