2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000091430 1. Entity Name JEFFREY B. FELTHOUSEN, P.A.				Feb 03, 2005 08:00 AM Secretary of State
Frincipal Plac	ce of Business _	Mailing Address		-
2703 JAFFERY DRIVE ORLANDO FL 32835		2703 JAFFERY DRIVE ORLANDO FL 32835		.
, , , , , , , , , , , , , , , , , , ,				
2. Principal Place of Business		3. Mailing Address		
Suite, Apt #, etc.		Suite, Apt #, etc.		1st MOORE CR2E034 (10/04)
City & Sta	te	City & State		4. FEI Number 59-3285514 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			† Namo	7. Name and Address of New Registered Agent
FELTHOUSEN, JEFFREY B 2703 JAFFERY DRIVE ORLANDO FL 32835			Name	
			Street Address	(P O Box Number is Not Acceptable)
			City	FL Zip Code
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 and tille if applicable (NOTE Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	D FELTHOUSEN, JEFFREY B 2703 JAFFERY DRIVE ORLANDO FL 32835	□ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	☐ Change ☐ Addition
HILE		Delete	πιξ	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	000000213413 02/03/05-80070-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TOTLE NAME STRECT ADDRESS CITY: ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZH2	☐ Change ☐ Addition
THLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete	TITLE NAME SURLET ADDRESS CITY ST-ZIP	☐ Change ☐ Addillon
THIE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	HYPF NAMF STREET ADDRESS CITY-ST-7P	☐ Change ☐ Addition

FILED

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:

| Comparison 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.

| Comparison of the corporation of 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 the corporation of the corporation of