


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90055 006 \*\*\*150.00

|   |                                   |  |   |
|---|-----------------------------------|--|---|
| <b>DOCUMENT # P95000031507</b>  |                                   |   |   |
| 1. Entity Name<br>IRWIN K. RENNEISEN JR., P.A.  |                                   |  |   |
| Principal Place of Business<br>6894 N.W. 30TH AVENUE<br>FT. LAUDERDALE, FL 33309  |                                   | Mailing Address<br>6894 N.W. 30TH AVENUE<br>FT. LAUDERDALE, FL 33309   |   |
| 2. Principal Place of Business<br>1120 Sussex Drive<br>Suite, Apt. #, etc.<br>1607  |                                   | 3. Mailing Address<br>1120 Sussex Drive<br>Suite, Apt. #, etc.<br>1607   |   |
| City & State<br>North Lauderdale, FL  |                                   | City & State<br>North Lauderdale, FL   |   |
| Zip<br>33068  |                                   | Zip<br>33068   |   |
| Country   |                                   | Country  |   |
| 4. FEI Number<br>65-0574151   |                                   | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                   | \$8.75 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br>RENNEISEN, IRWIN K JR<br>6894 N.W. 30TH AVENUE<br>FT. LAUDERDALE, FL 33309   |                                   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>1120 SUSSEX DRIVE<br>#1607<br>City North Lauderdale FL Zip Code 33068 |   |
| 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: _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>  |                                   |  |   |
| FILE NOW!!! FEE IS \$150.00<br>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   |   |
| 10. OFFICERS AND DIRECTORS  |                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |
| TITLE   | D <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | RENNEISEN, IRWIN K JR             | NAME   |   |
| STREET ADDRESS  | 6894 N.W. 30TH AVENUE             | STREET ADDRESS   | 1120 Sussex Drive #1607   |
| CITY-ST-ZIP   | FT. LAUDERDALE, FL 33309          | CITY-ST-ZIP  | North Lauderdale, FL 33068  |
| 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  |   |
| 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)(f), 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: <i>Irwin K. Renneisen Jr.</i>  |                                   | Date: April 11, 2005 (954) 597-9952  |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                   | <small>Date Daytime Phone #</small>  |   |