## 2005 FOR PROFIT CORPORATION ANNUAL REPORT **FILED** Feb 16, 2005 08:00 AM Secretary of State DOCUMENT # P96000000641 1. Entity Name CURTIS A. ANDERSON, P.A. Principal Place of Business Mailing Address 2574 US HWY 90 W 2574 US HWY 90 W DEFUNIAK SPRINGS, FL 32433 DEFUNIAK SPRINGS, FL 32433 ٠., 02042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 59-3358140 Not Applicable 7.3 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILLER, GEORGE R DO NOT WRITE 105 E NELSON AVE DEFUNIAK SPRINGS, FL 32433 IN THIS SPACE 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 little if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME ANDERSON, CURTIS A STREET ADDRESS 2574 US 90 W 100000230858 ÇÎTY-ST-ZIP DUFUNIAK SPRINGS, FL 32433 02/16/05-80007-009 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME. .street address .ctv-st-zip

NAME STREET ADDRESS CITY-ST-ZIP

Jutes Alladersa

Curtis A Anderson

2-14-05

850-892-7432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECT

Daytime Phone #