

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000054018

Entity Name: WILLIAM DIETZ, P.A.

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

25 SOUTH MAGNOLIA AVE.
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 974
ORLANDO, FL 32802 US

New Mailing Address:

P.O. BOX 1666
ORLANDO, FL 32802 US

FEI Number: 59-3388968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIETZ, WILLIAM JAMES
25 SOUTH MAGNOLIA AVE.
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

DIETZ, WILLIAM J
25 SOUTH MAGNOLIA AVE.
ORLANDO, FL 32801 US

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.

SIGNATURE: WILLIAM J. DIETZ

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVPT () Delete
Name: DIETZ, WILLIAM JAMES
Address: 25 SOUTH MAGNOLIA AVE.
City-St-Zip: ORLANDO, FL 32801

Title: DPS (X) Delete
Name: SANDERS, TRISTAN W.
Address: 25 SOUTH MAGNOLIA AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: D (X) Delete
Name: SANDERS, SILVIA
Address: 25 S. MAGNOLIA AVE
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: DIETZ, WILLIAM J
Address: 25 SOUTH MAGNOLIA AVE.
City-St-Zip: ORLANDO, FL 32801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J. DIETZ

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04/30/2005

Electronic Signature of Signing Officer or Director

Date