


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000063520</b> 1. Entity Name <b>BERT A. TAVARY, P.A.</b>	
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Principal Place of Business  
**29 OLD KINGS ROAD NORTH  
SUITE 1A  
PALM COAST, FL 32137**

Mailing Address  
**29 OLD KINGS ROAD NORTH  
SUITE 1A  
PALM COAST, FL 32137**

**DO NOT WRITE IN THIS SPACE**



01232005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3393220</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

**6. Name and Address of Current Registered Agent**

**KRESGE, KENNETH R CPA  
1200 PLANTATION ISLAND DR  
SUITE 230  
ST. AUGUSTINE, FL 32080**

**DO NOT WRITE  
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 title 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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

UN00000199267  
01/27/05-60087-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P TAVARY, BERT A 29 OLD KINGS ROAD NORTH SUITE 1A PALM COAST, FL 32137</b>
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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JANUARY 23 2005**

Date

**386-445-6111**

Daytime Phone #