## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000065311

Entity Name: JON AHLBUM, P.A.

Name:

Address:

City-St-Zip:

AHLBUM, TIMOTHY J

COCONUT CREEK, FL 33063

660 NW 49TH AVE.

FILED Jan 05, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1303 N STATE ROAD 7 B-5 COCONUT CREEK, FL 33063 **New Mailing Address: Current Mailing Address:** 660 NW 49TH AVE COCONUT CREEK, FL 33063 FEI Number: 65-0690727 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AHLBUM, JON 660 NW 49TH AVE COCONUT CREEK, FL 33063 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSVT () Delete Title: () Change () Addition AHLBUM, JON Name: Name: 660 NW 49TH AVE Address: Address: City-St-Zip: COCONUT CREEK, FL 33063 City-St-Zip: Title: () Delete 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: JON AHLBUM PSVT 01/05/2005