


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90070 044 ***150.00

DOCUMENT # P97000019624

1. Entity Name
PAUL & SINGER, P.A.



Principal Place of Business Mailing Address

100 S. ASHLEY DRIVE 100 S. ASHLEY DRIVE
 SUITE 1720 SUITE 1720
 TAMPA, FL 33602 US TAMPA, FL 33602 US

00030957



2. Principal Place of Business 3. Mailing Address

412 E. Madison St. **412 E. Madison St.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 1111 **Suite 1111**

03062005 Chg-P CR2E034 (10/03)

City & State City & State

Tampa, FL **Tampa, FL**

4. FEI Number Applied For

59-3430452 Not Applicable

Zip Country Zip Country

33602 **Hillsborough** **33602** **Hillsborough**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PAUL, HENRY L
100 S. ASHLEY DRIVE
SUITE 1720
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name
Paul, Henry L.

Street Address (P.O. Box Number is Not Acceptable)
412 E. Madison St.

Suite 1111

City State Zip Code
Tampa **FL** **33602**

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: *Betsy Singer for Henry L Paul* DATE

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when constituting)

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**

| 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 | PAUL, HENRY L | NAME | |
| STREET ADDRESS | 3823 CORONA ST | STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA, FL 33629 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SINGER, BETSY S | NAME | |
| STREET ADDRESS | 3406 W MULLEN | STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA, FL 33609 | 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)(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 an officer empowered.

SIGNATURE: *Betsy Singer* Date: **March 23, 2005** Daytime Phone #: **813 2770815**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #