

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000045761

Entity Name: JAMES F. KOZLOWSKI, P.A.

FILED
Jan 20, 2006
Secretary of State

Current Principal Place of Business:

7575 DR PHILLIPS BLVD
STE #170
ORLANDO, FL 32819 US

New Principal Place of Business:

6985 WALLACE ROAD
ORLANDO, FL 32819 US

Current Mailing Address:

PO BOX 691358
ORLANDO, FL 32869 US

New Mailing Address:

FEI Number: 59-3452656 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOZLOWSKI, JAMES F
PO BOX 691358
ORLANDO, FL 32869 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: KOZLOWSKI, JAMES F PRES
Address: PO BOX 691358
City-St-Zip: ORLANDO, FL 32869 US

Title: V/S () Delete
Name: KOZLOWSKI, JUDITH T VP
Address: PO BOX 691358
City-St-Zip: ORLANDO, FL 32869

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: JAMES F KOZLOWSKI

PRES

01/20/2006

Electronic Signature of Signing Officer or Director

Date