

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90181 028 ***150.00

DOCUMENT # P97000098698 1. Entity Name JEFFREY W. ALBERT, P.A.																															
Principal Place of Business 807 W MORSE BLVD. STE. 200 WINTER PARK, FL 32789		Mailing Address 807 W MORSE BLVD. STE. 200 WINTER PARK, FL 32789																													
2. Principal Place of Business 101 Southhall Lane Suite 400 Maitland FL 32751		3. Mailing Address 101 Southhall Lane Suite 400 Maitland FL 32751																													
4. FEI Number 59-3478090		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent ALBERT, JEFFREY W 807 WEST MORSE BLVD. STE. 200 WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 101 Southhall Lane Suite 400 Maitland FL 32751																													
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: <u><i>Jeffrey Albert</i></u> DATE: <u>4/27/05</u> <small>(NOTE: Registered Agent signature required when reappointing)</small>																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PVSD ALBERT, JEFFREY W ESQ 807 W MORSE BLVD., STE. 200 WINTER PARK, FL 32789 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD ALBERT, JEFFREY W ESQ 807 W MORSE BLVD., STE. 200 WINTER PARK, FL 32789 <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 Southhall Lane Suite 400 Maitland FL 32751 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 Southhall Lane Suite 400 Maitland FL 32751												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD ALBERT, JEFFREY W ESQ 807 W MORSE BLVD., STE. 200 WINTER PARK, FL 32789 <input type="checkbox"/> Delete																														
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 Southhall Lane Suite 400 Maitland FL 32751																														
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: <u><i>Jeffrey Albert</i></u> DATE: <u>4/27/05</u> DAYTIME PHONE: <u>407-679-2437</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																															

50044773



01212005 Chg-P CR2E034 (10/03)