


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 02, 2005 8:00 am**  
**Secretary of State**

06-02-2005 90003 015 \*\*\*150.00

<b>DOCUMENT # P97000102817</b>	
1. Entity Name <b>ARTHUR B. SKAFIDAS, P.A.</b>	

Principal Place of Business <b>4818 SOUTH SUNSET BLVD TAMPA FL 33629 US</b>	Mailing Address <b>4818 SOUTH SUNSET BLVD TAMPA FL 33629 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number <b>59-3484907</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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 NAME STREET ADDRESS CITY-ST-ZIP	P SKAFIDAS, ARTHUR B 4818 SOUTH SUNSET BLVD TAMPA FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **3/15/05** **(813) 225-1655**

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

ATTACHMENT 40086804  
# P97000102817  
Cohen, Jayson & Foster, P.A.

Barry A. Cohen  
Todd Foster  
Christopher P. Jayson

<sup>1</sup> Also admitted in Maryland,  
New Jersey, New York,  
Washington, D.C.

<sup>2</sup> Also admitted in North Carolina  
<sup>3</sup> Also admitted in New Hampshire

<sup>4</sup> Also admitted in Illinois

\* Board Certified Criminal Trial Lawyer

Kevin J. Darken  
Phillip W. Farthing, M.D., J.D.  
Camille Godwin  
Lyann Goudie<sup>1</sup>  
Victor D. Martinez  
Stephen L. Romine<sup>\*</sup>  
Fritz J. Scheller  
Arthur B. Skafidas<sup>2</sup>  
H. Glenn Waddell  
Mark Jerome Ware  
Fredric S. Zinober<sup>3\*</sup>

Geena D. Cohen<sup>4</sup>  
Of Counsel

Barbara Casasa-Cohen, Ph.D.  
Forensic Consultant

Kevin Kalwary  
Investigator/Consultant

May 24, 2005

**VIA CERTIFIED MAIL & RETURN RECEIPT**

#7004 11600003 5937 2707

Division of Corporation  
Attention: Annual Report Section  
P.O. Box 6327  
Tallahassee, FL 32314

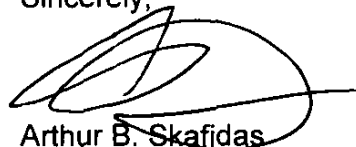
Re: Annual Report Fee

Dear Sir or Madam:

Enclosed is an envelope that is postmarked on April 30, 2005 enclosing my filing fee. I mailed this envelope from my office and unfortunately put the address slip in the envelope incorrectly where I mailed it to my home address by mistake. My assistant contacted your office as to whether you will waive the additional fee and accept my enclosed fee. Your office informed my assistant that I would need to submit my mistake in writing. I hereby authorize you to open this letter to obtain the check.

Please let me know when your office has made a decision and should you have any questions or comments, please call me to discuss. Thank you for your assistance in this matter.

Sincerely,



Arthur B. Skafidas

ABS/elb  
Enclosures