## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 01, 2005 8:00 am **Secretary of State** DOCUMENT # P98000108427 1. Entity Name 02-01-2005 90036 025 \*\*\*150.00 KEITH A. WARSHOFSKY, P.A. Principal Place of Business -Mailing Address 4100 W KENNEDY BLVD 4100 W KENNEDY BLVD 20005576 **SUITE 327** SUITE 327 TAMPA FL 33609 **TAMPA FL 33609** 2. Principal Place of Business 3. Mailing Address <u> 3ĬZ Ĕ,</u> Aux 312 E. 7Th Ave no e Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) 4. FEI Number City & State City & State Applied For 59-3557555 F( Tanpa Not Applicable Tampa Country S A \$8.75 Additional 5. Certificate of Status Desired 33602 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent A. Warshofsky WARSHOFSKY, KEITH A Street Address (P.O. Box Number is Not Acceptable) 4100 W KENNEDY BLVD SUITE 327 E. 7th Ave 312 **TAMPA FL 33609** TAMPA 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 Signature, typed or printed name of agistered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE **PSD** ☐ Delete TITLE Change Change ☐ Addition WARSHOFSKY, KEITH A NAME NAME 312 E. AUC 4100 W KENNEDY BLVD #327 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33609** CITY-ST-ZIP 33602 ☐ Change THILE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-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 all other like empowered.

SIGNATURE: Kin the Worsh of 5 Ky

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813 - 636 - 8886 Daytime Phone #