
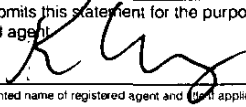
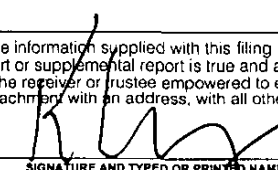


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90037 045 ***150.00

DOCUMENT # P98000108427					
1. Entity Name KEITH A. WARSHOFSKY, P.A.					
Principal Place of Business 312 E. 7TH AVENUE TAMPA, FL 33602 US			Mailing Address 312 E. 7TH AVENUE TAMPA, FL 33602 US		
2. Principal Place of Business 402 E. 7th Avenue Suite, Apt. #, etc.		3. Mailing Address 402 E. 7th Avenue Suite, Apt. #, etc.			
City & State TAMPA, FLORIDA Zip: 33602 Country: USA		City & State TAMPA, FLORIDA Zip: 33602 Country: USA		4. FEI Number 59-3557555	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WARSHOFSKY, KEITH A 312 E. 7TH AVE TAMPA, FL 33602			7. Name and Address of New Registered Agent Name: Keith Warshofsky Street Address (P.O. Box Number is Not Acceptable): 402 E. 7th Avenue City: TAMPA, FL Zip Code: 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:  KEITH A. WARSHOFSKY DATE: 1/5/06 <small>Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: PSD NAME: WARSHOFSKY, KEITH A STREET ADDRESS: 312 E. 7TH AVE CITY-ST-ZIP: TAMPA, FL 33602	<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 exemptions contained 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 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: 			Date: 1/5/06 Daytime Phone #: (813)636-8886		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40300100



01052006 Chg-P CR2E034 (11/05)