

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000021363

FILED
Feb 28, 2005
Secretary of State

Entity Name: LAWRENCE L. FLECKINGER, P.A.

Current Principal Place of Business:

4900 HIDDEN PINE PLACE
COCOA, FL 32936

New Principal Place of Business:

4900 HIDDEN PINE PLACE
COCOA, FL 32926

Current Mailing Address:

4900 HIDDEN PINE PLACE
COCOA, FL 32936

New Mailing Address:

4900 HIDDEN PINE PLACE
COCOA, FL 32926

FEI Number: 50-3562009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLECKINGER, LAWRENCE L
4900 HIDDEN PINES PLACE
COCOA, FL 32936 US

Name and Address of New Registered Agent:

FLECKINGER, LAWRENCE L
4900 HIDDEN PINES PLACE
COCOA, FL 32926 US

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: LAWRENCE L. FLECKINGER

02/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FLECKINGER, LAWRENCE L
Address: 4900 HIDDEN PINE PLACE
City-St-Zip: COCOA, FL 32936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FLECKINGER, LAWRENCE L
Address: 4900 HIDDEN PINE PLACE
City-St-Zip: COCOA, FL 32926

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAWRENCE L. FLECKINGER

D

02/28/2005

Electronic Signature of Signing Officer or Director

Date