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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90284 011 ***150.00

DOCUMENT # P99000110693

1. Entity Name
FRANCES T. ESPOSITO, P.A.

Principal Place of Business	Mailing Address
1503 DELLANO WAY LADY LAKE, FL 32159-8572	1503 DELLANO WAY LADY LAKE, FL 32159-8572

04252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
13478 SE 89th Terrace Rd	13478 SE 89th Terrace Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Summerfield FL	City & State: Summerfield FL
Zip: 34491 Country: Marion	Zip: 34491 Country: Marion

4. FEI Number: 59-3613526 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESPOSITO, FRANCES T
1503 DELLANO WAY
LADY LAKE, FL 32159-8572

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 ______ 4-26-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	D ESPOSITO, FRANCES T 1503 DELLANO WAY LADY LAKE, FL 32159	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Frances T Esposito 13478 S.E. 89th Terrace Rd Summerfield FL 34491	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: ______ 4-26-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #