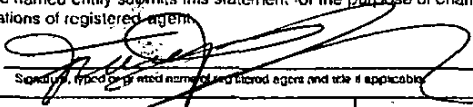
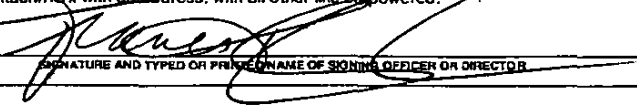


Apr 26 05 10:49a

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90284 011 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000110693			
1. Entity Name FRANCES T. ESPOSITO, P.A.			
Principal Place of Business 1503 DELLANO WAY LADY LAKE, FL 32159-8572		Mailing Address 1503 DELLANO WAY LADY LAKE, FL 32159-8572	
2. Principal Place of Business 13478 SE 89 th Terrace Rd Suite, Apt. #, etc.		3. Mailing Address 13478 SE 89 th Terrace Rd Suite, Apt. #, etc.	
City & State Summerfield FL		City & State Summerfield FL	
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:  DATE: 4-26-05 (NOTE: Registered Agent signature required when reappointing)			
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 ☒ Change ☐ Addition 13478 S.E. 89 th TERRACE RD Summerfield FL 34491	
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	
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	
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 Date Ongoing Phone #	