2005 FOR PROFIT CORPGRATION **ANNUAL REPORT**

FILED Feb 22, 2005 08:00 AM DOCUMENT # S50350 **Secretary of State** 1. Entity Name RICHARD B. PARLANTE, P.A. Principal Place of Business Mailing Address 5060 SYCAMORE DR 5060 SYCAMORE DR NAPLES, FL 34119 NAPLES, FL 34119 CR2E034 (10/03) 01062005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0269382 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PARLANTE, RICHARD B. DO NOT WRITE 5060 SYCAMORE DR NAPLES, FL 34119 IN THIS SPACE 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, 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 \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE PARLANTE, RICHARD B. NAME STREET ADDRESS 5060 SYCAMORE DR 100000239429 02/22/05-80043-02**3** 1**50.0**0 NAPLES, FL 34119 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 trusted 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, withyall other like empowered. 12. I hereby certify that the information supp

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Daytime Phone #