## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S68612

City-St-Zip:

TAMPA, FL 33609

Entity Name: AUSTIN, LEY, ROE & PATSKO, P.A.

FILED Jan 27, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:  2620 W. KENNEDY BLVD. TAMPA, FL 33609  New Mailing Address:	
PO BOX 2151 TAMPA, FL 33601				
Current Mailing Address:				
PO BOX 2 TAMPA, F				
FEI Number	r: 59-3071095	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of (	Current Registered Agent:	Name and Address of	of New Registered Agent:
	JOSEPH T KENNEDY BLV FL 33609 U:			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
SIGNATU	RF.			
		nic Signature of Registered Ag	ent	Date
Election Ca	Electro	nic Signature of Registered Ag	ent	Date
	Electro	g Trust Fund Contribution ( ).		Date ES TO OFFICERS AND DIRECTOR
	Electron Electron Electron Electron Electron	g Trust Fund Contribution ( ). CTORS: ) Delete DE D DR NE		
<b>OFFICER</b> Title: Name: Address:	Electron  Impaign Financin  ES AND DIRECT  VPD ( AUSTIN, BRUCT 260 BELLEAIR ST PETERSBU	g Trust Fund Contribution ( ).  ETORS:  ) Delete EE D  I DR NE JRG, FL  ) Delete  G AVE	ADDITIONS/CHANG Title: Name: Address:	ES TO OFFICERS AND DIRECTOR
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Electron  Impaign Financin  S AND DIRECT  VPD ( AUSTIN, BRUCT 260 BELLEAIR ST PETERSBU  SD ( LEY, PAUL D 1107 FLUSHIN CLEARWATER	g Trust Fund Contribution ( ). ETORS:  ) Delete EE D E DR NE URG, FL  ) Delete EG AVE E, FL  ) Delete L A. IEDY BLVD.	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	ES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition

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.

City-St-Zip:

SIGNATURE: MICHAEL A. ROE PD 01/27/2005