


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90157 039 ***150.00

DOCUMENT # V12267 1. Entity Name AREND & SISK, P.A.					
Principal Place of Business 1404 DEAN STREET STE 300 FORT MYERS, FL 33901 US			Mailing Address PO BOX 9 FT MYERS, FL 33902-0009 US		
2. Principal Place of Business 2211 Peck Street		3. Mailing Address Suite, Apt. #, etc. Suite 500			
Suite, Apt. #, etc. Suite 500		Suite, Apt. #, etc. 			
City & State Ft. Myers, FL		City & State 		4. FEI Number 65-0310601	
Zip 33901		Country USA		Zip 	
Country USA		Zip 		Country 	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent AREND, RONALD L. 1404 DEAN STREET STE 300 FORT MYERS, FL 33901					
7. Name and Address of New Registered Agent Name Arend, Ronald L Street Address (P.O. Box Number is Not Acceptable) 2211 Peck Street Suite 500 City Fort Myers					
State FL					
Zip Code 33901					
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 <u><i>Ronald L. Arend</i></u> DATE <u>1-13-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AREND, RONALD L <input type="checkbox"/> Delete 1404 DEAN ST STE 300 FORT MYERS, FL 33901				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Arend, Ronald L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2211 Peck Street, Suite 500 Fort Myers, FL 33901				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Ronald L. Arend</i></u> DATE <u>1-13-05</u> (239) 226-1200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					

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