LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 01/21/05
Ren. 2005
J#4403
$110.00 WT

1050010

Instructions

- Print in ink or type.
- Complete form and return with $110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Fresina (Last) Paul (First) A (MI)

2. BUSINESSPHONE (225) 767-4755 (Area Code and Phone Number)

3. BUSINESS ADDRESS 1638 Twisted Oaks (Street and No.) BR (City) LA (State) 70810 (Zip)

MAILING ADDRESS 1638 Twisted Oaks (Street and No.) BR (City) LA (State) 70810 (Zip)

4. EMPLOYER Jules Regaru Ponderosa Entep. of Fla Inc.

5. EMPLOYER'S ADDRESS P.O. Box 1183 (Street and No.) Loxahatchee (City) Fla (State) 33470 (Zip)

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Jules Regaru Ponderosa Entep. of Fla. Inc

Address P.O. Box 1183 Loxahatchee Fla 33470

Business or purpose organize & research

Does this person pay you? Yes

If No, who pays you?

2005 JAN 24 PM 2:55

ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

Form 800, Rev. 10/2002

LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

2. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

3. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

4. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

_____
Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE

Form 500, Rev. 10/2002