

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90081 039 ***150.00

DOCUMENT # M87009 1. Entity Name GARY F. HANNON, C.P.A., P.A.	
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Principal Place of Business 2700 UNIVERSITY BLVD W #A2 JACKSONVILLE, FL 32217	Mailing Address 2700 UNIVERSITY BLVD W #A2 JACKSONVILLE, FL 32217
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20010004



02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2892813	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HANNON, GARY F. 4244 POINT LAVISTA ROAD SOUTH JACKSONVILLE, FL 32207

**DO NOT WRITE
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.

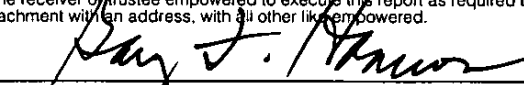
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SHOFFNER, CHARLES R 4344 BOAT CLUB DRIVE JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HANNON, GARY F 4244 POINT LAVISTA ROAD SOUTH JACKSONVILLE, FL
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IN THIS SPACE**

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:  **2-28-05 904-730-7709**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **GARY F. HANNON** Date Daytime Phone #