## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 12, 2005 08:00 AM DOCUMENT # P01000040456 **Secretary of State** 1. Entity Name **BILL GOMEZ & ASSOCIATES, INC.** Principal Place of Business Mailing Address 3524 WATERFIELD PARKWAY P.O. BOX 398 LAKELAND, FL 33803-9704 US EATON PARK, FL 33840 01042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3714587 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LUCKEY, WARREN M DO NOT WRITE 4020 GLEN GARRY RD. W. LAKELAND, FL 33813 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LUCKEY, WARREN M U00000177936 01/12/05-80007-020 150.00 NAME STREET ADDRESS 4020 GLEN GARRY RD W. LAKELAND, FL 33813 CITY-ST-ZIP VP. TITLE NAME WATSON, SEAN 3524 WATERFIELD PKWY STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33803 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 cath; 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 exprowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

105 863-667-1339

**FILED**