


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90058 037 \*\*\*150.00

**DOCUMENT # P04000140826**  
1. Entity Name  
**LINDA L GAUNAURD PA**



Principal Place of Business      Mailing Address  
**151 SOUTH OCEAN SHORES DR**      **151 SOUTH OCEAN SHORES DR**  
**KEY LARGO, FL 33037 US**      **KEY LARGO, FL 33037 US**

66001370



2. Principal Place of Business      3. Mailing Address  
*Same*      *Same*  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

01102005      Chg-P      CR2E034 (10/03)  
4. FEI Number      Applied For  
**20-1722553**      Not Applicable  
5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**GAUNAURD, LINDA L**      Name  
**151 S OCEAN SHORES DR**      Street Address (P.O. Box Number is Not Acceptable)  
**KEY LARGO, FL 33037**      City      **FL**      Zip Code

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 retreating)      DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**      9. Election Campaign Financing      **\$5.00** May Be  
**After May 1, 2005 Fee will be \$550.00**      Trust Fund Contribution.            Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GAUNAURD, LINDA L 151 S OCEAN SHORES DR KEY LAGO, FL 33037 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Linda L Gaunard*      1-14-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #