

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 461319 1. Entity Name VANCE, DONEY & MACGIBBON, P.A.	
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Principal Place of Business 1665 PALM BEACH LAKES BLVD. STE. 610-THE FORUM WEST PALM BEACH, FL 33401	Mailing Address 1665 PALM BEACH LAKES BLVD. STE. 610-THE FORUM WEST PALM BEACH, FL 33401
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01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1554374	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DONEY, WILLIAM P 1665 PALM BEACH LAKE BLVD. STE. 610- THE FORUM WEST PALM BEACH, FL 33401
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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 re-registering)	DATE _____
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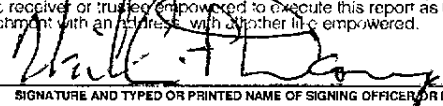
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD MACGIBBON, B D 1665 PLM BCH LKS BLVD., STE 610 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD DONEY, WILLIAM P. 1665 PLM BCH LKS BLVD., STE 610 WEST PALM BEACH, FL 33401
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 01/24/05-80121-004 150.00

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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)(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 another line empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/20/05 (561) 684-5541 Date System Phone #
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