

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90171 039 ***158.75

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1. Entity Name
JOHNSON, POPE, BOKOR, RUPPEL & BURNS, P.A.



Principal Place of Business
911 CHESTNUT ST.
P.O. BOX 1368
CLEARWATER, FL 33756

Mailing Address
911 CHESTNUT ST.
P.O. BOX 1368
CLEARWATER, FL 33756

14003616



DO NOT WRITE IN THIS SPACE

04112005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1640245

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAGUE, CAROL A
911 CHESTNUT STREET
CLEARWATER, FL 33756

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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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RICHARDS, DARRYL R
911 CHESTNUT ST
CLEARWATER, FL 33756

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
LITTLE, MICHAEL G
911 CHESTNUT ST
CLEARWATER, FL 33756

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MARKHAM, MICHAEL C
911 CHESTNUT STREET
CLEARWATER, FL 33756

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ARMSTRONG, E. D. III
911 CHESTNUT STREET
CLEARWATER, FL 33756

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~VP~~
~~RICHARDS, DARRYL R~~
~~911 CHESTNUT STREET~~
~~CLEARWATER, FL 33756~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:  **Michael G. Little, VP** 04/21/2005 727.461.1818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #