


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90042 040 ***150.00

DOCUMENT # 555287 1. Entity Name GIBBONS, TUCKER, MILLER, WHATLEY & STEIN, A PROFESSIONAL ASSOCIATION					
Principal Place of Business BANK OF AMERICA PLAZA 101 E. KENNEDY BLVD., STE. 2190 TAMPA, FL 33602			Mailing Address P O BOX 1363 101 E. KENNEDY BLVD., STE. 1000 TAMPA, FL 33601-1363 US		
2. Principal Place of Business.		3. Mailing Address 101 E. Kennedy Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 2190			
City & State		City & State Tampa, FL		4. FEI Number 59-1781176	
Zip		Zip 33602		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHATLEY, JACQUELINE B. BANK OF AMERICA PLAZA 101 E KENNEDY BLVD TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHATLEY, JACQUELINE B. 101 E KENNEDY BLVD 1000 TAMPA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STEIN, RICHARD N. 101 E KENNEDY BLVD 1000 TAMPA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHATLEY, JACQUELINE B. 101 E KENNEDY BLVD 1000 TAMPA, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEIN, RICHARD N. 101 E KENNEDY BLVD 1000 TAMPA, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D Whatley, Jacqueline B. 101 E Kennedy Blvd, Suite 2190 Tampa, FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D Stein, Richard N. 101 E Kennedy Blvd, Suite 2190 Tampa, FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Jacqueline B. Whatley</u> 1-12-05 (813)228-7841 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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