

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90521 012 ***150.00

DOCUMENT # 557842

1. Entity Name
CARTER, BELCOURT & ATKINSON, P.A.



Principal Place of Business
331 SOUTH FLA. AVE
SUITE #400
LAKELAND, FL 33801-4626 US

Mailing Address
331 SOUTH FLA. AVE
SUITE #400
LAKELAND, FL 33801-4626 US

50045589



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-1786963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARRINGER, DEBORAH P
331 SOUTH FLA. AVE STE 400
LAKELAND, FL 33801-4626

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

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 PRES ☐ Delete
NAME GARRINGER, DEBORAH P
STREET ADDRESS 331 S. FLA AVE #400
CITY-ST-ZIP LAKELAND, FL 33801

TITLE CHMN ☐ Delete
NAME ATKINSON, RONALD C.
STREET ADDRESS 331 S. FLA AVE #400
CITY-ST-ZIP LAKELAND, FL 33801

TITLE COO ☒ Delete
NAME ATKINSON, JOHN
STREET ADDRESS 101 E KENNEDY BLVD STE 1250
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Vice President ☐ Change ☒ Addition
NAME L. Ira Anderson
STREET ADDRESS 331 S. Flaw Ave #400
CITY-ST-ZIP Lakeland, FL 33801

TITLE Vice President ☐ Change ☒ Addition
NAME Alan C. Fisk
STREET ADDRESS 101 E Kennedy Blvd Suite 1250
CITY-ST-ZIP Tampa, FL 33602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Deborah P. Garringer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

863-487-4010

Date

Daytime Phone #