

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 598593

1. Entity Name
GREGORY, SHARER & STUART, P.A.



Principal Place of Business
100 2ND AVE
SUITE 600
ST. PETERSBURG, FL 33701 US

Mailing Address
100 2ND AVE
SUITE 600
ST. PETERSBURG, FL 33701 US

DO NOT WRITE IN THIS SPACE

RECORDED JUN 01 2005

FILED

05 MAY 24 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1850025

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NEWMAN, JAMES G.
100 2ND AVE S.
SUITE 600
ST. PETERSBURG, FL 33701

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D STUART, CHARLES L 100 2ND AVE SUITE 600 ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWMAN, JAMES G. 100 2ND AVE STE 600 ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLANATHAN, JEFFERY P. 100 2ND AVE SUITE 600 ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/02/05--01060--008 **200.00

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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:

James G. Newman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-05 727-821-6161
Date Daytime Phone #