

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

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**



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

U00000512369
04/29/06-80083-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-06 727-821-6161
Date Daytime Phone #