

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90074 044 \*\*\*150.00

**DOCUMENT # 602200**

1. Entity Name

**GURNEY & HANDLEY, P.A.**



Principal Place of Business

**225 E. ROBINSON  
SUITE 450  
ORLANDO FL 32801  
US**

Mailing Address

**225 E. ROBINSON  
P.O. BOX 1273 SUITE 450  
ORLANDO FL 32802-1273  
US**

2. Principal Place of Business

3. Mailing Address

**Post Office Box 1273**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Orlando, FL**

Zip

Country

Zip

Country

**32802-1273**

**US**

4. FEI Number **59-1295954**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREEN, ROBERT S  
225 E ROBINSON  
STE. 450  
ORLANDO FL 32801**

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  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete  
NAME **SMITH, PETER N**  
STREET ADDRESS **225 E ROBINSON SUITE 450**  
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **VP/T/D** ☐ Change ☒ Addition  
NAME **John L. Sewell**  
STREET ADDRESS **225 E Robinson Suite 450**  
CITY-ST-ZIP **Orlando FL 32801**

TITLE **SD** ☐ Delete  
NAME **GREEN, ROBERT S**  
STREET ADDRESS **225 E ROBINSON, STE. 450**  
CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE **D** ☐ Delete  
NAME **PIERCE, FRANCIS E**  
STREET ADDRESS **225 E ROBINSON, STE. 450**  
CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE **D** ☐ Delete  
NAME **HARDY, W.MARVIN**  
STREET ADDRESS **225 E ROBINSON, STE. 450**  
CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE **PD** ☐ Delete  
NAME **HANDLEY, LEON H**  
STREET ADDRESS **225 E ROBINSON, STE 450**  
CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE **D** ☐ Delete  
NAME **HARROP, RONALD L**  
STREET ADDRESS **225 E ROBINSON, STE. 450**  
CITY-ST-ZIP **ORLANDO FL 32801**

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:

*Robert S. Green*

01/26/2005

407-843-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #