

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90087 042 ***150.00

DOCUMENT # 646887

1. Entity Name
AGUILAR & SIERON, P.A.



Principal Place of Business
**1045 N ORANGE AVE STE 1
GREEN COVE SPRINGS, FL 32043**

Mailing Address
**PO BOX 855
ORANGE PARK, FL 32067**



03152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1951189

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

**SIERON, MARK A
1045 N ORANGE AVE STE
GREEN COVE SPRINGS, FL 32043**

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: *M. Sieron*

3/15/05

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME **SMITH, LARRY**
STREET ADDRESS **1677 WELLS ROAD, STE. D**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

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

TITLE VSD ☐ Delete
NAME **AGUILAR, ROBERT**
STREET ADDRESS **1677 WELLS ROAD, STE. D**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE ☒ Change ☐ Addition
NAME **President**
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME **SIERON, MARK A**
STREET ADDRESS **1677 WELLS ROAD, STE. D**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE ☒ Change ☐ Addition
NAME **Vice President**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: *M. Sieron*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President 904-264-6000

Date

Daytime Phone #