

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 659889**

1. Entity Name  
R. EARL WARREN, P.A.



Principal Place of Business  
359 W DEARBORN ST  
PO BOX 1207  
ENGLEWOOD, FL 34295-8207

Mailing Address  
359 W DEARBORN ST  
PO BOX 1207  
ENGLEWOOD, FL 34295-8207



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1982669

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

WARREN, EARL R  
359 W DEARBORN ST  
ENGLEWOOD, FL 34223

**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 \_\_\_\_\_  
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 PD  
NAME WARREN, R. EARL  
STREET ADDRESS 1063 KEYWAY ROAD  
CITY- ST- ZIP ENGLEWOOD, FL

TITLE S  
NAME WARREN, SYLVIA E.  
STREET ADDRESS 1063 KEYWAY RD  
CITY- ST- ZIP ENGLEWOOD, FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

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01/13/05-80030-009 150.00

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:** R. Earl Warren 01/10/05 941-474-7768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #