

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 684509			
1. Entity Name GENE CANTWELL & ASSOCIATES, INC.			
Principal Place of Business 1525 SE BALLANTRAE CT PT ST. LUCIE FL 34952		Mailing Address 1525 SE BALLANTRAE CT PT ST. LUCIE FL 34952	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent JANIZOWSKI, JOHN 2 SOUTH UNIVERSITY DRIVE SUITE 265 PLANTATION FL 33324		7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code	



1st MOORE CR2E034 (10/04)

4. FEI Number **59-2032180** Applied For
Not Applicable

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

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 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 **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT CANTWELL, EUGENE G 1525 S.E. BALLANTRAE CT PORT ST. LUCIE FL 34952 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition U000000317067 04/20/05-80004-001 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS CANTWELL, MARILYN C 1525 S.E. BALLANTRAE CT PORT ST. LUCIE FL 34952 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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: Eugene Cantwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____