

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90034 039 ***150.00

DOCUMENT # F32652

1. Entity Name
S. CARY GAYLORD, P.A.



Principal Place of Business
5001 W. CYPRESS ST.
TAMPA, FL 33607

Mailing Address
5001 W. CYPRESS ST.
TAMPA, FL 33607

50059311



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07182005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2076144

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAYLORD, S CARY
5001 W. CYPRESS ST.
TAMPA, FL 33607

7. Name and Address of New Registered Agent

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
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME GAYLORD, S.CARY ☐ Delete
STREET ADDRESS 5001 W. CYPRESS ST.
CITY-ST-ZIP TAMPA, FL 33607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/05

Date

221-9000

Daytime Phone #



ATTACHMENT

50059311

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 18, 2005

S. CARY GAYLORD, P.A.
900 LORENA RD
LUTZ, FL 33548

SUBJECT: S. CARY GAYLORD, P.A.
Ref. Number: F32652

The fee to file the enclosed profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 005A00047091