



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90139 011 \*\*\*150.00

<b>DOCUMENT # F43749</b> 1. Entity Name <b>GEORGE W. EVELEIGH, P.A.</b>					
Principal Place of Business <b>C/O GEORGE W. EVELEIGH, C.P.A.          3949 EVANS AVENUE, SUITE #406          FT. MYERS, FL 33901</b>				Mailing Address <b>C/O GEORGE W. EVELEIGH, C.P.A.          3949 EVANS AVENUE, SUITE #406          FT. MYERS, FL 33901</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 61770</b> Suite, Apt. #, etc.			
City & State		City & State <b>FT MYERS FLA</b>		4. FEI Number <b>59-2122401</b>	
Zip <b>33906-1770</b>		Country <b>LEE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>EVELEIGH, GEORGE W.          3949 EVANS AVE.          FT. MYERS, FL 33901</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS EVELEIGH, GEORGE W 3949 EVANS AVE STE 406 FT MYERS, FL 00000,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS EVELEIGH, GEORGE W 3949 EVANS AVE STE 406 FT MYERS, FL 00000,	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>George W. Eveleigh</u> <b>GEORGE W. EVELEIGH</b> <u>4-25-05</u> <u>239-433-5586</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					