2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F73702

1. Entity Name
CHARLES A. GIERHART, P.A.

Principal Place of Business	Mailing Address
100 WALLACE AVENUE, SUITE 260 SARASOTA, FL 34237	100 WALLACE AVENUE, SUITE 260 SARASOTA, FL 34237

DO NOT WRITE IN THIS SPACE

01242005   No Chg-P   CR2E034 (10/03)

4. FEI Number
59-2170565

Applied For
Not Applicable

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

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

GIERHART, CHARLES A
100 WALLACE AVENUE, SUITE 260
SARASOTA, FL 34237

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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	PS
NAME	GIERHART, CHARLES A.
STREET ADDRESS	7156 WILDERNESS LANE
CITY-ST-ZIP	SARASOTA, FL 34240

04/28/05-80045-020 150.00

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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: _Charles A. Gierhart_   4/21/05 (941)366-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #