


**2005 FOR PROFIT CORPORATION.
ANNUAL REPORT**

FILED
May 05, 2005 8:00 am
Secretary of State


05-05-2005 90104 038 ***158.75

DOCUMENT # G06664 1. Entity Name MARGERY F. FRIDAY, P.A.	
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Principal Place of Business 27 BARKLEY CIRCLE FT MYERS, FL 33907	Mailing Address 27 BARKLEY CIRCLE FT MYERS, FL 33907
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DO NOT WRITE IN THIS SPACE

50049113



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2231568	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FRIDAY PA, MARGERY
27 BARKLEY CIRCLE
FT MYERS, FL 33907**

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FRIDAY, MARGERY F 27 BARKLEY CIRCLE FT MYERS, FL 00000
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**DO NOT WRITE
IN THIS SPACE**

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: Margery Friday **MARGERY F. FRIDAY** 4/1/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # _____

239 9393332