

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G79105

1. Entity Name

DAWSON, GALANT PROFESSIONAL ASSOCIATION

Principal Place of Business

Mailing Address

233 E. BAY STREET
SUITE 1010
JACKSONVILLE, FL 32202 US

233 E. BAY STREET
SUITE 1010
JACKSONVILLE, FL 32202 US

DO NOT WRITE IN THIS SPACE

01122005

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-2373509

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAWSON, CARL D.
233 EAST BAY STREET, SUITE 1010
THE BLACKSTONE BUILDING
JACKSONVILLE, FL 32202

**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

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

000000230542
02/15/05-80048-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD	
NAME	DAWSON, CARL D.	
STREET ADDRESS	3858 TIMUQUANA RD.	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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)(f), 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

2-14-05

Date

(904) 355-5771

Daytime Phone #