

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # G79105**

**FILED**  
**Feb 15, 2005 08:00 AM**  
**Secretary of State**

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

01122005	No Chg-P	CR2E034 (10/03)
4. FEI Number	Applied For	
59-2373509	Not Applicable	
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (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

UNR000230542  
02/15/05-80048-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAWSON, CARL D. 3858 TIMUQUANA RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(c), 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: *Carl D. Dawson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-05 (904) 355-5771  
Date Daytime Phone #