2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # G86470  1. Entity Name  GERALD S. REHM & ASSOCIATES, INC.				Apr 08, 2005 08:00 AN Secretary of State
Principal Place of Business Mailing Address		<del></del>		
721 LAKEVIEW ROAD CLEARWATER FL 33756 721 LAKEVIEW ROAD CLEARWATER FL 33756 CLEARWATER FL 33756			S LOUDON), DOUGH WAS WAS THE CAND BOIL BOTH BOWN THAT WHILE BOUNDERS AND	
2. Principal Place of Business —		3. Mailing Address	<del></del>	
Suite, Apt. #, etc.		Suite, Apt. *, etc		1st MOORE
City & Stat	e	City & State		4. FEI Number 59-2378125 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	51-vec	7. Name and Address of New Registered Agent
REHM, GERALD S. 721 LAKEVIEW ROAD CLEARWATER FL 33756			Name Street Address	(P.O. Box Number is Not Acceptable)
_			City	FL 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 Signature, you'd or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when remotating)  DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution.  Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB REHM, GERALD S. 721 LAKEVIEW ROAD CLEARWATER FL	Delote	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition U00000294543 04/08/05-80072-020 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REHM, GREGORY G. 721 LAKEVIEW DR. CLEARWATER FL 33756	☐ Delete	THEE NAME STREET ADDRESS CHY-ST-7IF	☐ Change ☐ Addition
NAME STREET ADDRESS GITY-ST-ZIP	VD REHM, PAM 2228 WEBB AVE. DUNEDIN FL	☐ Delete	THEE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST REHM, SCOTT 1667 SPOTTSWOOD CT. PALM HARBOR FL	☐ Dølete	TITLE NAME SIREET ADDRESS CHY-SI-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CHY SI-ZIP		□ Delete	TITLE NAME STRIET ADDRESS CITY-ST-74P	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete	TITLE NAME SUREEL ADORESS CITY-ST-7IP	Change Addition

FILED

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 of 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 CHARMAN JOHN 4-5-AV-DAVEMB Prome & SIGNATUPE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: \_