

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # H55087

1. Entity Name

G. H. STANLEY, INC.



Principal Place of Business

3701 LITTLE ROAD
LUTZ FL 33548
US

Mailing Address

3701 LITTLE ROAD
LUTZ FL 33548
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-2548751

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LARKIN, JACK M.
330-A BEARSS AVE., W.
TAMPA FL 33613

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, 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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
STANLEY, GERALD H.
3701 LITTLE ROAD
LUTZ FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
1100000199795
01/27/05-80103-020 150.00

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
STANLEY, KENNETH
7500 N OLA
TAMPA FL 33604

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
STANLEY, MICHAEL
403 BRIAR CLIFF
TEMPLE TERRACE FL 33617

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
STANLEY, GERALD H. JR.
1902 DEKLE
TAMPA FL 33606

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gerald H. Stanley GERALD H. STANLEY, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-05

813/961-2747

Date

Daytime Phone #