

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90167 007 ***150.00

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DOCUMENT # K57545 1. Entity Name M. GOLDBERG ASSOCIATES, INC.					
Principal Place of Business 3902 ESTRELLA ST TAMPA, FL 33639-5826 US			Mailing Address 3902 ESTRELLA ST TAMPA, FL 33639 US		
2. Principal Place of Business 10515 Plantation Bay Dr		3. Mailing Address 10515 Plantation Bay Dr		02222005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Tampa FL		City & State Tampa FL		4. FEI Number 22-5361883	
Zip 33647		Zip 33647		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GASSMAN, ALAN S. 1242 COURT ST SUITE-B CLEARWATER, FL 34616				7. Name and Address of New Registered Agent Name Jim Thomas Street Address (P.O. Box Number is Not Acceptable) 607 A W. Martin Luther King Blvd City Tampa FL FL Zip Code 33603	
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 <u><i>James A Thomas</i></u> (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. <input type="checkbox"/> \$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 THOMAS, JAMES A 3902 ESTRELLA ST TAMPA, FL 33639	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Thomas, James A 10515 Plantation Bay Dr Tampa FL 33647
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, BARRY E 604 4TH AVE N NRYTLE BEACH, SC 29577	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Thomas Barry E. 10515 Plantation Bay Dr Tampa FL 33647
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>James A Thomas</i></u> Date <u><i>FEB 21 05</i></u> Daytime Phone # _____					