

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L43747

1. Entity Name
GEPICAN & ASSOCIATES, INCORPORATED



Principal Place of Business
**220 - 5TH AVE N
SAINT PETERSBURG, FL 33701 US**

Mailing Address
**4049 40TH STREET SOUTH
SAINT PETERSBURG, FL 33711 US**



05112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2988510

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DICKSON, HERMINE
4049 40TH STREET, SOUTH
ST. PETERSBURG, FL 33711**

**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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000367296

05/16/05-80030-002-158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
DICKSON, HERMINE
4049 40TH ST. SOUTH
SAINT PETERSBURG, FL 33711**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
REED, DIANNE
601 56TH AVENUE SOUTH
SAINT PETERSBURG, FL 33705**

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #