2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000003474

1. Entity Name
STEVEN M. CHAMBERLAIN, P.A.

Principal Place of Business	Mailing Address
618 N.E. 1ST STREET	618 N.E. 1ST STREET
GAINESVILLE, FL 32601	GAINESVILLE, FL 32601

DO NOT WRITE IN THIS SPACE

05172005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3617224		Not Applicable

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

6. Name and Address of Current Registered Agent

CHAMBERLAIN, STEVEN M
618 N.E. 1ST STREET
GAINESVILLE, FL 32601

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	U00000367546 05/18/05-80007-004 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	CHAMBERLIAN, STEVEN
STREET ADDRESS	618 NORTH EAST FIRST STREET
CITY-ST-ZIP	GAINESVILLE, FL 32601

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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: 3/17/05   (352)375-8540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #