2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000026371

1. Entity Name GARY J. TAKACS, P.A.



Principal Place of Business Ma

13555 AUTOMOBILE BLVD., STE. 540 CLEARWATER, FL 33762

Mailing Address

13555 AUTOMOBILE BLVD., STE. 540 CLEARWATER, FL 33762

FILED Jan 26, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

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4,	FEI Number			Applied For
	59-3630366		Γ"	Not Applicable

5. Certificate of Status Desired \$8.7

No Cha-P

01232005

\$8.75 Additional Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

TAKACS, GARY J 13555 AUTOMOBILE BLVD., STE. 540 CLEARWATER, FL 33762

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	d office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept			
SIGNATURE.	Signature Typed or printed name of registered agent and title	if applicable (NOTE Registered	Agent signature required when reinstating)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution	sing S5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TAKACS, GARY J 2667 SPYGLASS DR. CLEARWATER, FL 33761		<u> </u>	U00000197746 01/27/05-80024-007 150.00			
TITLE NAME STREET ADDRESS CITY+ST+ZIP				·			
TITLE NAME SIREEI ADDRESS CITY-ST-ZIP			DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY - ST - ZIP							
TITLE NAME STREET ADDRESS GITY ST-ZIP							
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information							

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 eath, 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

January 33, 2005 (727/592934)