

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000098125	
1. Entity Name GEORGE M. STARK, P.A.	

Principal Place of Business FIRST UNION CENTER 100 S. ASHLEY DRIVE, STE. 800 TAMPA, FL 33602	Mailing Address FIRST UNION CENTER 100 S. ASHLEY DRIVE, STE. 800 TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE



07192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2841246	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STARK, GEORGE M FIRST UNION CENTER 100 S. ASHLEY DRIVE, STE. 800 TAMPA, FL 33602
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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 _____
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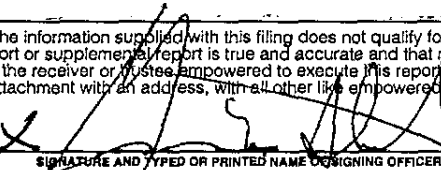
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARK, GEORGE M 1ST UNION CNTR., 100 S. ASHLEY DR., #800 TAMPA, FL 33602
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08/15/05-80007-012 550.00

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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: 	8/12/05 (813) 221-6889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #