

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90051 001 ***150.00

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1. Entity Name
GIBBS & MCCURLEY, P.A.



Principal Place of Business
11650 CAPRI CIR S #207
TREASURE ISLAND, FL 33706

Mailing Address
11650 CAPRI CIR S #207
TREASURE ISLAND, FL 33706

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3687708

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCCURLEY, JANETTE
11650 CAPRI CIR S #207
TREASURE ISLAND, FL 33706

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00
After May-1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete
NAME MCCURLEY, JANETTE M
STREET ADDRESS 11650 CAPRI CIR S #207
CITY-ST-ZIP TREASURE ISLAND, FL 33706

TITLE SD ☒ Delete
NAME MCCURLEY, JANETTE M
STREET ADDRESS 100 SECOND AVE. S., STE. 704
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Janette M McCurley Janette M McCurley 1-6-04

Date

Daytime Phone #

727-403-0018