

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90086 042 ***150.00

DOCUMENT # P01000013387

1. Entity Name
GEORGE M. NARUNS, D.C. P.A.



Principal Place of Business
**4627 CHANCELLOR ST. N.E.
ST. PETERSBURG, FL 33703**

Mailing Address
**4627 CHANCELLOR ST. N.E.
ST. PETERSBURG, FL 33703**

50033209



02132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2604427	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NARUNS, GEORGE M
4627 CHANCELLOR ST. N.E.
ST. PETERSBURG, FL 33703**

**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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NARUNS, GEORGE M
STREET ADDRESS	4627 CHANCELLOR ST. N.E.
CITY-ST-ZIP	ST. PETERSBURG, FL 33703

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
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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 #

GEORGE M. NARUNS, P.E.S.