

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000014156

1. Entity Name
DAVID M. GAYNES, P.A.



**FILED
Jan 10, 2005 8:00 am
Secretary of State**

01-10-2005 90026 018 ***158.75

40000233



01042005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1077082	Applied For
	Not Applicable

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

Principal Place of Business 2736 MISTY OAKS CIRCLE ROYAL PALM BEACH, FL 33411	Mailing Address 2736 MISTY OAKS CIRCLE ROYAL PALM BEACH, FL 33411
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State ROYAL PALM BEACH, FL 33411	City & State
Zip	Country
6. Name and Address of Current Registered Agent GAYNES, DAVID M 2736 MISTY OAKS CIRCLE ROYAL PALM BEACH, FL 33411	
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

David M. Gaynes

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAYNES, DAVID M 2736 MISTY OAKS CIRCLE ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

David M. Gaynes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/05 Date

914-801-2712 Daytime Phone #