

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000016477

1. Entity Name
GORSICA LAW FIRM, P.A.



Principal Place of Business

1833 HALSTEAD BLVD, NO.1410
TALLAHASSEE, FL 32308

Mailing Address

POST OFFICE BOX 13612
TALLAHASSEE, FL 32317

FILED

04 APR 30 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



KH

DO NOT WRITE IN THIS SPACE

04302004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3713049

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GORSICA, STANLEY G
1833 HALSTEAD BLVD, NO.1410
TALLAHASSEE, FL 32308

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

200036049472
05/11/04--01031--020 **150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
GORSICA, STANLEY G
1833 HALSTEAD BLVD, NO.1410
TALLAHASSEE, FL 32309

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Stanley G. Gorsica
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/2004 (850)668-5741
Date Daytime Phone #