

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000037199

1. Entity Name
DAVID W. CARY & COMPANY INC.



Principal Place of Business
**1325C DEL PRADO BLVD
CAPE CORAL, FL 33990**

Mailing Address
**1325C DEL PRADO BLVD
CAPE CORAL, FL 33990**

DO NOT WRITE IN THIS SPACE



04072005 No Chg-P CR2E034 (10/01)

4. FEI Number
65-1092141

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARY, DAVID W
1325C DEL PRADO BLVD
CAPE CORAL, FL 33990**

**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 re-registering) 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 NAME STREET ADDRESS CITY-STATE-ZIP	D CARY, DAVID W 1325C DEL PRADO BLVD CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CARY, BARBARA J 1325C DEL PRADO BLVD CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000353305
05/03/05-80062-018 150.00

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 information provided

SIGNATURE: _____ **4/29/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #