2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2005 8:00 am Secretary of State

DOCUMENT # P01000057629 1. Entity Name GENTRY & WAY, P.A.								02-23-2005 90055 046 ***150.00					
Principal Place of Business Mailing Address													
217 NORTH FRANKLIN BLVD. TALLAHASSEE, FL 32301				217 NORTH FRANKLIN BLVD. Tallahassee, FL 32301									
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2. Principal Place of Business				Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02182005	Chg-P	CR2E0	34 (10/03)		
City & State				City & State				4. FEI Number Applied For S9-3725009 Not Applicable			Applicable		
Zip	Country			Zip	try	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
GENTRY, CHERYL L						Name Street Address (P.O. Box Number is Not Acceptable)							
217 NORTH FRANKLIN BUVD. TALLAHASSEE, FL 32301						Street Address (F.O. Box Number is Not Acceptable)							
							FL Zip Code					,	
									h in the Ctate of Ele		lamiliar with	and accept	
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 pyrited earns of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
SIGNATURE Signature, typed or python-nemer of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE													
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finar								00 May Be					
After May 1, 2005 Fee will be \$550.00				Trust Fund Contribution.			Add	ed to Fees			الله المراجع المارية المارية المراجع ا	70.	
10,	ţ	OFFICERS /	AND DIREC	DIRECTORS 11.					CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11	
TITLE	PTD Delete					Ε	P5				Change	☐ Addition	
NAME	GENTRY, C		NAME			ntry, Cheryl L 7 N. Franklin Blud							
STREET ADDRESS CITY-ST-ZIP	217 NORTH FRANKLIN BLVD. TALLAHASSEE, FL 32301					ET ADDRESS - ST-ZIP	217	M. Fran	LFL 3	2301			
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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.													
of the cor changed	rporation or the or on an attac	receiver or trustee hment with an addr	empowere ess, with a	ed to execute this report ill other like empowered	as requ	ired by Cha	epter 60	7, Florida Statute	es; and that my nam	ne appears i	n Block 10 or	Block 11 if	