

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90037 032 ***150.00

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01252005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000057850 1. Entity Name ELIZABETH SUBLETT, P.A.																																																																										
Principal Place of Business 956 CITRUS AVENUE SARASOTA, FL 34236			Mailing Address 956 CITRUS AVENUE SARASOTA, FL 34236																																																																							
2. Principal Place of Business 1716 OAK STREET Suite, Apt. #, etc.		3. Mailing Address 1716 OAK STREET Suite, Apt. #, etc.		4. FEI Number 65-1107435 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																						
City & State SARASOTA FL		City & State SARASOTA FL																																																																								
Zip 34236 Country USA		Zip 34236 Country USA																																																																								
6. Name and Address of Current Registered Agent SUBLETT, ELIZABETH 956 CITRUS AVENUE SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1716 OAK STREET City SARASOTA FL Zip Code 34236																																																																						
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																										
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																																																																								
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">SUBLETT, ELIZABETH</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">956 CITRUS AVENUE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">SARASOTA, FL 34236</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">1716 OAK STREET</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">SARASOTA FL 34236</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"> </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	SUBLETT, ELIZABETH		STREET ADDRESS	956 CITRUS AVENUE		CITY-ST-ZIP	SARASOTA, FL 34236																										TITLE	1716 OAK STREET	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SARASOTA FL 34236		STREET ADDRESS			CITY-ST-ZIP																							
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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 member 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: _____ <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ELIZABETH SUBLETT PRESIDENT </div> <div style="width: 45%;"> Date 1.25.05 Daytime Phone # </div> </div>																																																																										