2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 23, 2004 8:00 am Secretary of State

DOCUMENT # P01000085496				08-23-2004 90020 002 ***150.00				
1. Enlity Name GARY L. GREEN, P.A.								
Principal Place of Business Mailing Address				24080899				
5600 TAMIAMI TRAIL NORTH, STE 10 5600 TAMIAMI TRAIL NORTH, S NAPLES, FL 34108 " NAPLES, FL 34108					₩40	00000		
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999	lace of Business TRAIL TERRACE DR.	3. Mailing Address 999 TRAIL TE	ERRACE T	or.				
Suite, Apt. #, etc. SUITE D; FIRST FLOOR City & State		Suite, Apt. #, etc. SUITE D, FIRST FLOOI City & State		0811200		CR2E034 (10/03)	oplied For	
	ES, FLORIDA	NAPLES, FL	ORIDA	1	465539	F	t Applicable	
34103		34103	Country COLLIEE		ate of Status Desired	Fee Hequire		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
GREEN, GARY L 5600 TAMIAMI TRAIL NORTH, STE 10				Name GREEN, GARY L Street Address (P.O. Box Number is Not Acceptable)				
NAPLES, FL 34108					TERRACE		· · · · · · · · · · · · · · · · · · ·	
i	1		City	MED,	FIRST 1	FLOOR Zin Code		
SUITE D FIRST PLOOR City NAPLES FL Zip Code 3 4/03 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. Lam familiar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida.							9 <u>5 </u>	
	ions of registered agent	rane purpose or changing its re	_			Florida. I am familiar with,	and accept	
SIGNATURE	the		GARY.	L. GRZEN Herequied when rendating		B-17-04		
 	Signature, types at printed name of registered again) a	and title if applicable. (NOTE:	riegistered AgenFaignati	ure required which remotating	,	DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Final Trust Fund Contribution.				\$5.00 May Be Added to Fees	In accordance corporation di	e with s. 607.193(2)(b), id not receive the prior r	F.S., the notice.	
10.	OFFICERS AND I	DIRECTORS	11.	OITIGGA	NS/CHANGES TO O	FFICERS AND DIRECTORS	3 IN 11	
TITLE	D	☐ Delete	TITLE	GARYL. G		Change	Addition	
NAME STREET ADDRESS	GREEN, GARY L 5600 TÂMIAMI TRAIL NORTH, S	TE 10	NAME STREET ADDRESS	GOA TABLE	KEKAI TERPAT F TA	e, STED., ISTI	=LOOR	
CITY-ST-ZIP	NAPLES, FL 34108	12 10	CITY-ST-ZIP		FL 34		_	
TITLE	,	☐ Delete	TITLE		7 2 273	☐ Change	Addition	
NAME STREET ADDRESS			NAME CAREET ADDRESS					
CITY-ST-ZIP	il.		STREET ADDRESS CITY-ST-ZIP					
TITLE	4	☐ Delete	THILE			☐ Change	Addition	
NAME CIRCET ADDRESS		•	NAME CIOCCE ADDRESS	,				
STREET ADDRESS CITY-ST-ZIP	."		STREET ADDRESS CITY-ST-ZIP					
TITLE	7	☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE	į.					☐ Change		
NAME		L.J. Delete	TITLE				Addition	
STREET ADDRESS	į.	☐ Delete	NAME			in change	Addition	
	† †	L.J. Delete	name Street address			· Change	☐ Addition	
CITY-ST-ZIP			NAME STREET ADDRESS CITY - ST - ZIP			· · · · · · · · · · · · · · · · · · ·	;	
		□ Delete □ Delete □	name Street address			· Change	Addition	

12. Thereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR BIRECTOR