

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90027 008 ***150.00

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1. Entity Name
**HARRIS, BARRETT, MANN & DEW, PROFESSIONAL
ASSOCIATION**



40004193



01192005 Chg-P CR2E034 (10/03)

Principal Place of Business
**1700 66TH STREET N
SUITE 403
SAINT PETERSBURG, FL 33710**

Mailing Address
**1700 66TH STREET N
SUITE 403
SAINT PETERSBURG, FL 33710**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
03-0385391

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAVERY, JOHN C
1700 66TH STREET N., STE 403
SAINT PETERSBURG, FL 33710**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DEW, JOHN C
150 SECOND AVENUE NORTH SUITE 470
ST PETERSBURG, FL 33701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1700 66th Street North, Suite 403
St. Petersburg, FL 33710** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
LAVERY, JOHN C
150 SECOND AVENUE NORTH SUITE 470
ST PETERSBURG, FL 33701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1700 66th Street North, Suite 403
St. Petersburg, FL 33710** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
KUTTLER, EVELYN F
150 SECOND AVENUE NORTH SUITE 470
ST PETERSBURG, FL 33701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1700 66th Street North, Suite 403
St. Petersburg, FL 33710** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John C. Lavery

Date

Daytime Phone #

1/19/05 727 892-3100