

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90283 025 ***150.00

DOCUMENT # P02000099311

1. Entity Name
CHARLES R. GUTH, P.A.



Principal Place of Business
**1219 EAST NORTH STREET
TAMPA, FL 33604**

Mailing Address
**1219 EAST NORTH STREET
TAMPA, FL 33604**

2. Principal Place of Business
3618 BUFFETT ST
Suite, Apt. #, etc.

3. Mailing Address
3618 BUFFETT ST
Suite, Apt. #, etc.

City & State
NEW PORT RICHEY FL
Zip **34655** Country

City & State
NEW PORT RICHEY FL
Zip **34655** Country

03082005 Chg-P CR2E034 (10/03)

4. FEI Number
55-0796471

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name **CHARLES GUTH**
Street Address (P.O. Box Number is Not Acceptable)
3618 BUFFETT ST
City **NEW PORT RICHEY FL** Zip Code **34655**

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]

CHARLES R. GUTH

5-1-05

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

TITLE **PD** ☐ Delete
NAME **GUTH, CHARES R**
STREET ADDRESS **1219 EAST NORTH STREET**
CITY-ST-ZIP **TAMPA, FL 33604**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3618 BUFFETT ST**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

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

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

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] **CHARLES R. GUTH**

5-1-05

Date

727-709-4663

Daytime Phone #