



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90142 049 \*\*\*150.00

<b>DOCUMENT # P03000011049</b>					
<b>1. Entity Name</b> MICHAEL G. NEARING, P.A.					
<b>Principal Place of Business</b> 800 S. DOUGLAS ROAD 12TH FLOOR CORAL GABLES, FL 33134 US			<b>Mailing Address</b> 800 S. DOUGLAS ROAD 12TH FLOOR CORAL GABLES, FL 33134		
<b>2. Principal Place of Business</b> 613 OCEAN DRIVE No. 9D		<b>3. Mailing Address</b> 613 OCEAN DRIVE No. 9D			
Suite, Apt. #, etc. No. 9D		Suite, Apt. #, etc. No. 9D		02072005    Chg-P    CR2E034 (10/03)	
City & State KEY BISCAIYNE, FL A		City & State KEY BISCAIYNE, FL A		<b>4. FEI Number</b> 81-0596394	
Zip 33149		Country USA		Applied For Not Applicable	
Zip 33149		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> NEARING, MICHAEL G 800 S. DOUGLAS ROAD 12TH FLOOR CORAL GABLES, FL 33134			<b>7. Name and Address of New Registered Agent</b>		
Name NEARING, MICHAEL G			Name _____		
Street Address (P.O. Box Number is Not Acceptable) 800 S. DOUGLAS ROAD			Street Address (P.O. Box Number is Not Acceptable) 613 OCEAN DR		
City CORAL GABLES, FL 33134			City KEY BISCAIYNE FL		
Zip 33149			Zip Code 33149		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NEARING, MICHAEL G 800 S. DOUGLAS ROAD, 12TH FLOOR CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	613 OCEAN DRIVE #9D KEY BISCAIYNE, FL. 33149		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/27/05    404-431-0518 Date    Daytime Phone #		