

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90082 019 \*\*\*150.00


40014884



01172005 Chg-P CR2E034 (10/03)

4. FCI Number **01-0828066** Applied For ☐ Not Applicable ☒

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

<b>DOCUMENT # P04000125169</b>			
1. Entity Name <b>PAIGE &amp; TROP, P.A.</b>			
Principal Place of Business <b>5246 RED CEDAR DRIVE SUITE 103 FORT MYERS, FL 33907</b>		Mailing Address <b>5246 RED CEDAR DRIVE SUITE 103 FORT MYERS, FL 33907</b>	
2. Principal Place of Business <b>4000 Hollywood Blvd</b>		3. Mailing Address <b>4000 Hollywood Blvd</b>	
Suite, Apt. #, etc. <b>SUITE 425-S</b>		Suite, Apt. #, etc. <b>SUITE 425-S</b>	
City & State <b>Hollywood FL</b>		City & State <b>Hollywood FL</b>	
Zip <b>33021</b>	Country <b>BROWARD</b>	Zip <b>33021</b>	Country <b>BROWARD</b>

6. Name and Address of Current Registered Agent <b>PAIGE, GARY M 5246 RED CEDAR DRIVE SUITE 103 FORT MYERS, FL 33907</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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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 GARY PAIGE DATE 1/17/05

Signature, typed or printed name of registered agent and (file if applicable) (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PAIGE, GARY M 5246 RED CEDAR DRIVE, SUITE 103 FORT MYERS, FL 33907</b> <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	<b>VP TROP, ADAM 5246 RED CEDAR DRIVE, SUITE 103 FORT MYERS, FL 33907</b> <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
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

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: GARY PAIGE DATE 1/17/05 Daytime Phone # 954-981-7150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR