


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2005 8:00 am**  
**Secretary of State**

06-01-2005 90014 015 \*\*\*550.00

<b>DOCUMENT # P04000139736</b>	
1.- Entity Name <b>CLAIRE D. MARLOW, P.A.</b>	

Principal Place of Business <b>5303 HIDDEN HARBOR RD SARASOTA, FL 34242</b>	Mailing Address <b>5303 HIDDEN HARBOR RD SARASOTA, FL 34242</b>
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2. Principal Place of Business <b>5303 Hidden Harbor Rd</b> Suite, Apt. #, etc.	3. Mailing Address <b>5303 Hidden Harbor Rd</b> Suite, Apt. #, etc.
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City & State <b>SARASOTA FL</b>	City & State <b>SARASOTA FL</b>
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Zip <b>34242</b>	Country <b>USA</b>	Zip <b>34242</b>	Country <b>USA</b>
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6. Name and Address of Current Registered Agent <b>LOVELACE, WILLIAM K. ESQ 401 S LINCOLN AVE CLEARWATER, FL 33756</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: *Claire D. Marlow PA* (NOTE: Registered Agent signature required when reinstating) DATE

<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"/> <b>\$5.00 May Be Added to Fees</b>	<b>Florida Dept of ST</b>
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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>D MARLOW, CLAIRE D 5303 HIDDEN HARBOR RD SARASOTA, FL 34242</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
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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: *Claire D. Marlow PA* **May 1-05 941-349-4835**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #