2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # P04000139736 1Entity Name CLAIRE D. MARLOW, P.A.					06-01-2005 90014 015 ***550.00			
1 '	ce of Business IN HARBOR RD	Mailing Address 5303 HIDDEN HARBOR R	D	-				
SARASOTA, I	FL 34242	SARASOTA, FL 34242				(1888 1418 1841 12888 11188 8	ITTOOL AL PERL	
2. Principal F	Place of Basiness About en Hanhor Rd	3. Mailing Address / / / / / / / / / / / / / / / / / /	N HArber R					
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	, •	04212005	Chg-P	CR2E034 (10/03)		
City & Stat	ASOTA 7L	City & State 5 A r AS OFA	71	4. FEI Numb ★ 20-	174388	S N	pplied For ot Applicable	
341	42 Country 45 A	zip 34542	Country U.S.A		of Status Desired	S8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New Re	gistered Agent		
LOVELACE, WILLIAM K.ESQ 401 S LINCOLN AVE			Street Address (P.O. Box Number is Not Acceptable)					
CLEARWATER, FL 33756								
			City			FL Zip Coo	le	
	named entity submits this statement fo	r the purpose of changing its re	gistered office or regis	stered agent, or bo	th, in the State of Flori	da. I am familiar with,	and accept	
the obligat	tions of registered agent.	11 n /	0 4					
·	()	1						
SIGNATURE.	Signature, hyped or printed name of registered agent	and title if applicable. (NOTE: N	egistered Agent signature requ	ired when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
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FIL	Sprature, hyper or printed name of registered agent. E NOWIII FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Élection Campaign	Financing \$	sired when reinstating) 55.00 May Be added to Fees	Florida			
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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 it changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1-05 941-349-483