


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90195 030 \*\*\*150.00

<b>DOCUMENT # P04000145984</b>	
1. Entity Name <b>GAIL GRIMLEY, P.A.</b>	

Principal Place of Business <b>1756 RIVIERA CIRCLE SUITE 11 SARASOTA, FL 34232</b>	Mailing Address <b>1756 RIVIERA CIRCLE SUITE 11 SARASOTA, FL 34232</b>
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2. Principal Place of Business <b>3192 Fruitville Rd</b>	3. Mailing Address <b>FL</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>SARASOTA FL</b>	City & State <b>FL</b>
Zip <b>34237</b>	Country <b>Sarasota USA</b>

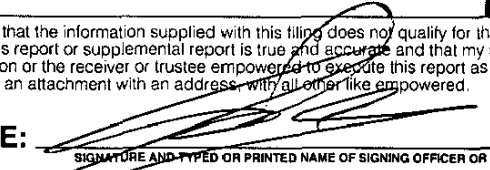
6. Name and Address of Current Registered Agent <b>GRIMLEY, GAIL 1756 RIVIERA CIRCLE SUITE 11 SARASOTA, FL 34232</b>	
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7. Name and Address of New Registered Agent Name <b>Gail Grimley</b> Street Address (P.O. Box Number is Not Acceptable) <b>1756 Riviera Circle</b> City <b>SARASOTA</b> FL Zip Code <b>34232</b>	
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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 _____	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>
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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 GRIMLEY, GAIL 1756 RIVIERA CIRCLE SUITE 11 SARASOTA, FL 34232</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: 	Date <b>4/21/05</b> Daytime Phone # <b>941-724-2318</b>

**14004821**



04132005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1786667** Applied For ☐ Not Applicable ☐

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