

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

10/2

**DOCUMENT # P04000156081**

1. Entity Name  
**GARRY ROONEY, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 NOV -7 AM 10:59

Principal Place of Business  
**4803 21ST AVE. WEST  
BRADENTON, FL 34205**

Mailing Address  
**4803 21ST AVE. WEST  
BRADENTON, FL 34205**

05/02/05 90SSS 010 15000

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



01292005 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-1846504**

5. Certificate of Status Desired ☐ \$38.75 Additional Fee Required

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
**ROONEY, GARRY M.  
4803 21ST AVE. WEST  
BRADENTON, FL 34205**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ROONEY, GARRY M. 4803 21ST AVE. WEST BRADENTON, FL 34205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT** 05

**FILE**

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: Gay Boy SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ROBERT C. HILL CPC PA  
CERTIFIED PUBLIC ACCOUNTANT  
5008 Manatee Ave. West, Unit 3  
Bradenton, Florida 34209  
941-745-2343

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11/1/05

Dear Sir or Madam

Please find attached a signed copy  
of Gary Rooney's annual  
report.

As per your letter (attached), we  
are asking you to abate the  
penalty for late filing as the  
report was actually sent in  
on time and the 150<sup>00</sup> was  
paid in a timely fashion.

If you have any other concerns  
about this matter, please write.

Sincerely,  
Robert C. Hill  
accountant