

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90130 043 \*\*\*150.00

**DOCUMENT # P93000000186**

1. Entity Name

H. LEE MOFFITT, P.A.



Principal Place of Business

4230 S. MACDILL AVENUE  
J  
TAMPA FL 33611-1901  
US

Mailing Address

4230 S. MACDILL AVENUE  
J  
TAMPA FL 33611-1901  
US

2. Principal Place of Business

3301 Bayshore Blvd 3301

3. Mailing Address

3225 S MacDill Ave

Suite, Apt. #, etc.

Unit #2309

City & State

Tampa, FL 33629

Zip

33629

Country

USA

Suite, Apt. #, etc.

Ste 129-336

City & State

Tampa, FL 33629-8171

Zip

33629-8171

Country

USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3156251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOFFITT, H L  
4230 S MACDILL AVENUE  
SUITE J  
TAMPA FL 33611

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00.**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME MOFFITT, H L  
STREET ADDRESS 4230 S MACDILL AVENUE, SUITE J  
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3225 S MacDill Ave, Ste 129-336  
CITY-ST-ZIP Tampa, FL 33629-8171

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/05 (813) 831-1500

Date

Daytime Phone #