

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90048 023 \*\*\*150.00

**DOCUMENT # P93000006267**

1. Entity Name  
SYPRETT, MESHAD, RESNICK, LIEB, DUMBAUGH,  
JONES, KROTEC & WESTHEIMER, P.A.



Principal Place of Business  
1900 RINGLING BLVD.  
SARASOTA, FL 34236

Mailing Address  
1900 RINGLING BLVD.  
SARASOTA, FL 34236

**50010228**



01132005 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0381763

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

DUMBAUGH, JOHN D  
1900 RINGLING BLVD  
SARASOTA, FL 34236

## 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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME SYPRETT, JIM D  
STREET ADDRESS 1900 RINGLING BLVD  
CITY-ST-ZIP SARASOTA, FL

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

TITLE ~~DVST~~ ☐ Delete  
NAME MESHAD, JOHN W  
STREET ADDRESS 1900 RINGLING BLVD  
CITY-ST-ZIP SARASOTA, FL

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DP** ☐ Delete  
NAME RESNICK, MICHAEL L  
STREET ADDRESS 1900 RINGLING BLVD  
CITY-ST-ZIP SARASOTA, FL

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

TITLE ~~DAVC~~ ☐ Delete  
NAME LIEB, M J JR  
STREET ADDRESS 1900 RINGLING BLVD  
CITY-ST-ZIP SARASOTA, FL

TITLE **DVP** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DAVP** ☐ Delete  
NAME DUMBAUGH, JOHN D  
STREET ADDRESS 1900 RINGLING BLVD  
CITY-ST-ZIP SARASOTA, FL

TITLE **DVPS** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~DAVP~~ ☐ Delete  
NAME JONES, TERESA D  
STREET ADDRESS 1900 RINGLING BLVD  
CITY-ST-ZIP SARASOTA, FL

TITLE **DVPT** ☒ 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:

*John D. Dumbagh V.P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-12-05**  
Date

**941-365-7171**  
Daytime Phone #