


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000039118
 1. Entity Name
SYBIL GERSON ASSOCIATES, INC.



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|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Principal Place of Business 1095 JUPITER PARK DRIVE STE 6 JUPITER, FL 33458 | Mailing Address 1095 JUPITER PARK DRIVE STE 6 JUPITER, FL 33458 |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|



01112005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0414593 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent
GERSON, SYBIL
6189 WOODCUTTER COURT
PALM BEACH GARDENS, FL 33418

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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 _____ (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

000000183937
 01/20/05-80009-010 150.00

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GERSON, SYBIL 6189 WOODCUTTER COURT PALM BEACH GARDENS, FL 33418 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GERSON, ROBERT 6189 WOODCUTTER COURT PALM BEACH GARDENS, FL 33418 |
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sybil Gerson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #