

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000063144

Entity Name: GARY A. BUBB, P.A.

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6975 ALMOURS DR  
JACKSONVILLE, FL 32217 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 551300  
JACKSONVILLE, FL 320551300 US

**New Mailing Address:**

6975 ALMOURS DR  
JACKSONVILLE, FL 32217 US

FEI Number: 59-3199867

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUBB, GARY A  
6975 ALMOURS DR.  
JACKSONVILLE, FL 32217 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BUBB, GARY A  
Address: 6975 ALMOURS DR.  
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GARY A. BUBB

PRES

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date