

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000066255

1. Entity Name
AWAD & ASSOCIATES, INC.



Principal Place of Business
880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716

Mailing Address
880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0444699

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MATECKI, PAUL L
880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716

**DO NOT WRITE
IN THIS SPACE**

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	PD
NAME	AWAD JAMES D
STREET ADDRESS	1 E END AVE #1A
CITY - ST - ZIP	NEW YORK, NY 10021
TITLE	D
NAME	HILL, STEPHEN G
STREET ADDRESS	880 CARILLON PKWY
CITY - ST - ZIP	ST. PETERSBURG, FL 33716
TITLE	T
NAME	JULIEN, JEFFREY P
STREET ADDRESS	880 CARILLON PARKWAY
CITY - ST - ZIP	ST. PETERSBURG, FL
TITLE	V
NAME	EGAN, CAROL A
STREET ADDRESS	880 CARILLON PARKWAY
CITY - ST - ZIP	ST. PETERSBURG, FL
TITLE	S
NAME	WILSON, DONNA
STREET ADDRESS	880 CARILLON PARKWAY
CITY - ST - ZIP	ST. PETERSBURG, FL
TITLE	DV
NAME	DOWDLE, JEFFREY A
STREET ADDRESS	880 CARILLON PKWY.
CITY - ST - ZIP	SAINT PETERSBURG, FL 33716

000000361684
05/05/05-80085-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Jeffrey Julien 4/28/5

Date

Daytime Phone #

727 567