

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90033 035 ***150.00

DOCUMENT # P94000025155

1. Entity Name

GARY RUSSO, PROFESSIONAL ASSOCIATION



Principal Place of Business

701 NORTHPOINT PARKWAY

415

WEST PALM BEACH, FL 33407 US

Mailing Address

701 NORTHPOINT PARKWAY

415

WEST PALM BEACH, FL 33407 US

50003865



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0479195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RUSSO, GARY

~~9220 GYPRESS HOLLOW DRIVE~~ 8571 Man O War Rd.

~~PALM BEACH GARDENS, FL 33410~~

33418

**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

Gary Russo
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

TITLE

D

NAME

RUSSO, GARY

STREET ADDRESS

~~9220 GYPRESS HOLLOW DRIVE~~ 8571 Man O War Rd.

CITY - ST - ZIP

~~PALM BEACH GARDENS, FL 33410~~ 33418

TITLE

NAME

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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:

Gary Russo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #