

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90060 034 \*\*\*150.00

**DOCUMENT # P94000036162**

1. Entity Name

**GILES INVESTMENT MANAGEMENT, INC.**



Principal Place of Business

**611 WEST AZEELE ST.  
TAMPA FL 33606**

Mailing Address

**PO BOX 832  
TAMPA FL 33601**

**00005710**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3254996**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, H. STRATTON III  
611 WEST AZEELE ST.  
TAMPA FL 33606**

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **PST** ☒ Delete  
NAME **GILES, FRANCES E**  
STREET ADDRESS **469 SEVERN AVENUE**  
CITY-ST-ZIP **TAMPA FL 33606-3826**

TITLE **VP** ☐ Delete  
NAME **GILES, WILLIAM F**  
STREET ADDRESS **412 KIMBERLY DRIVE**  
CITY-ST-ZIP **AUBURN AL 36832**

TITLE **VP** ☐ Delete  
NAME **FAY, ANNETTE G**  
STREET ADDRESS **492 WEST DAVIS BOULEVARD**  
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **VP** ☐ Delete  
NAME **GILES, ROBERT F JR.**  
STREET ADDRESS **504 RIVERIA DRIVE**  
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **VP** ☐ Delete  
NAME **GILES, JAMES M**  
STREET ADDRESS **566 RHINE AVENUE W**  
CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☒ Change ☐ Addition  
NAME **President**  
STREET ADDRESS **James M. Crick**  
CITY-ST-ZIP **566 Rhine Ave**  
**Tampa, FL 33606**

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/27/05**

**813-787-2999**