

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90292 043 ***158.75

DOCUMENT # P95000006627			
1. Entity Name JUDI GENTILE, P.A.			
Principal Place of Business 1108 HARBOR POINT PORT ORANGE, FL 32127		Mailing Address 1108 HARBOR POINT PORT ORANGE, FL 32127	
2. Principal Place of Business 301 University Blvd		3. Mailing Address 301 University Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Daytona Beach		City & State Daytona Beach	
Zip 32118	Country Volusia	Zip 32118	Country Volusia
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent GENTILE, JUDI 1108 HARBOUR PORT PORT ORANGE, FL 32127		7. Name and Address of New Registered Agent Name: Gentile Judi Street Address (P.O. Box Number is Not Acceptable): 301 University Blvd City: Daytona Beach FL Zip Code: 32118	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENTILE, JUDI 1108 HARBOR POINT PORT ORANGE, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gentile Judi 301 University Blvd Daytona Beach FL 32118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____		Date: _____ Daytime Phone #: _____	