

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000026129

1. Entity Name

CORSON & ASSOCIATES, INC.



FILED

05 MAR 18 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

817 ARLINGTON AVENUE NORTH
ST. PETERSBURG FL 33701

Mailing Address

817 ARLINGTON AVENUE NORTH
ST. PETERSBURG FL 33701

2. Principal Place of Business

538 1ST AVENUE NORTH

3. Mailing Address

P.O. BOX 3091

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

ST PETERSBURG FL 33701

City & State

ST PETERSBURG FL

4. FEI Number

59-3305545

Applied For

Not Applicable

Zip
33701

Country
PINELLAS

Zip
33731

Country
PINELLAS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIGGINS, JOHN P
200 CENTRAL AVENUE SUITE 2300
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name
MILTON H. CORSON JR
Street Address (P.O. Box Number is Not Acceptable)
538 FIRST AVENUE NORTH
City
ST PETERSBURG FL Zip Code
33701

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CORSON, MILTON H JR
1034 16TH ST NO-
ST. PETERSBURG FL 33705 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
P.O BOX 3091
ST PETERSBURG FL 33731

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition
200050217102
04/08/05--01006--001 ***350.00

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/05 727-822-1111