

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90335 049 \*\*\*150.00

**DOCUMENT # P95000050931**

1. Entity Name

LAW OFFICES OF JACOB E. COLGROVE, P.A.



Principal Place of Business

1570 SHADOWLAWN DR  
NAPLES FL 34104-4321  
US

Mailing Address

1570 SHADOWLAWN DR  
NAPLES FL 34104-4321

00000002



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0593444

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLGROVE, JACOB E  
1570 SHADOWLAWN DR  
NAPLES FL 33942

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME COLGROVE, JACOB E.  
STREET ADDRESS 1570 SHADOWLAWN DRIVE  
CITY- ST- ZIP NAPLES FL ☐ Delete

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

TITLE STD  
NAME KESSEL, DAWN R.  
STREET ADDRESS 1570 SHADOWLAWN DRIVE  
CITY- ST- ZIP NAPLES FL ☐ Delete

TITLE  
NAME Dawn R. Green ☒ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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:

*Dawn R. Green*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dawn R. Green  
Secretary

4-15-05

239/775-4200

Date

Day/Line Phone #