

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000075039

1. Entity Name

CHARLIE GILLETTE, JR., P.A.



Principal Place of Business

603 N. MARKET ST
N/A
JACKSONVILLE, FL 32202 US

Mailing Address

603 N. MARKET ST.
N/A
JACKSONVILLE, FL 32202 US



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3343759** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GILLETTE, CHARLIE J JR
603 N MARKET ST
JACKSONVILLE, FL 32202

**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

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 GILLETTE, CHARLIE J ESQUIRE
STREET ADDRESS 10931 KEY VEGA DR
CITY-ST-ZIP JACKSONVILLE, FL 32218

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U00000366265
05/12/05-80004-001 550.00

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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)(f), 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 employment.

SIGNATURE:

Charlie J. Gillette Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/05
Date

904-358-1304
Daytime Phone #