


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90161 045 \*\*\*150.00

<b>DOCUMENT # P95000097890</b>	
1. Entity Name <b>GLENN RASMUSSEN FOGARTY &amp; HOOKER, P.A.</b>	

Principal Place of Business <b>100 SOUTH ASHLEY DRIVE SUITE 1300 TAMPA, FL 33602</b>	Mailing Address <b>100 SOUTH ASHLEY DRIVE SUITE 1300 TAMPA, FL 33602</b>
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**50024556**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02082005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3349668</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>RASMUSSEN, ROBERT C 100 SOUTH ASHLEY DRIVE SUITE 1300 TAMPA, FL 33602</b>		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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS GLENN, ROBERT B 100 SOUTH ASHLEY DRIVE, SUITE 1300 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS COLGAN, MICHAEL B 100 SOUTH ASHLEY DRIVE, SUITE 1300 TAMPA, FL 33602 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS RASMUSSEN, ROBERT C 100 SOUTH ASHLEY DRIVE, SUITE 1300 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS HANLEY, MARK A 100 SOUTH ASHLEY DRIVE, SUITE 1300 TAMPA, FL 33602 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS HOOKER, MICHAEL S 100 SOUTH ASHLEY DRIVE, SUITE 1300 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS KELLY, PETER J 100 SOUTH ASHLEY DRIVE, SUITE 1300 TAMPA, FL 33602 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS DANCO, SHARON D 100 SOUTH ASHLEY DRIVE, SUITE 1300 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS MCCOSKEY, GREGORY M 100 SOUTH ASHLEY DRIVE, SUITE 1300 TAMPA, FL 33602 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS HART, DONALD S 100 SOUTH ASHLEY DRIVE, SUITE 1300 TAMPA, FL 33602 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS RICE, EDWIN G 100 SOUTH ASHLEY DRIVE, SUITE 1300 TAMPA, FL 33602 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS SPOFFORD, GEORGE E. IV 100 SOUTH ASHLEY DRIVE, SUITE 1300 TAMPA, FL 33602 <input type="checkbox"/> Change <input checked="" 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: <u>Robert C. Rasmussen</u>	Date: <u>2-9-05</u>	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

ATTACHMENT  
# P95000097890  
50024556

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**ENTITY NAME: GLENN RASMUSSEN FOGARTY & HOOKER, P.A.**

**OFFICERS AND DIRETORS – CONTINUED – Page 2**

DVPS ☒ Addition  
WARD, ALYSA  
100 SOUTH ASHLEY DRIVE, SUITE 1300  
TAMPA, FL 33602

DVPS ☒ Addition  
ANDREU, TIMOTHY A  
100 SOUTH ASHLEY DRIVE, SUITE 1300  
TAMPA, FL 33602