


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90050 022 ***150.00

DOCUMENT # P96000092512		
1. Entity Name W. CURT GILLESPIE, P.A.		

Principal Place of Business 511 KENDALL DRIVE MARCO ISLAND FL 34145	Mailing Address 511 KENDALL DRIVE MARCO ISLAND FL 34145
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2. Principal Place of Business 424 E GULF DR Suite, Apt. #, etc.	3. Mailing Address 424 E GULF DR Suite, Apt. #, etc.
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City & State SANIBEL FL	City & State SANIBEL FL
Zip 33957	Zip 33957
Country USA	Country USA

4. FEI Number 59-3411294	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GILLESPIE, W. CURT 511 KENDALL DRIVE MARCO ISLAND FL 34145	
7. Name and Address of New Registered Agent Name Gillespie W. Curt Street Address (P.O. Box Number is Not Acceptable) 424 E GULF DR City SANIBEL FL Zip Code 33957	

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 *W. Curt Gillespie* **W. CURT Gillespie** DATE **1/27/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. <input type="checkbox"/> \$5.00 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	D GILLESPIE, W. CURT 511 KENDALL DRIVE MARCO ISLAND FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: *W. Curt Gillespie* **W. CURT Gillespie** DATE **1/27/05** 239-472-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR