

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000100692

1. Entity Name

JOHN T. DRISCOLL CPA P.A.



Principal Place of Business

1805 SE 31ST LANE  
OCALA, FL 34471 US

Mailing Address

1805 SE 31ST LANE  
OCALA, FL 34471 US



04272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3421363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DRISCOLL, JOHN T  
1805 SE 31ST LANE  
OCALA, FL 34471

**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	PVTS
NAME	DRISCOLL, JOHN T
STREET ADDRESS	1805 SE 31ST LANE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	DRISCOLL, JOHN T
STREET ADDRESS	1805 SE 31ST LANE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	DRISCOLL, JOHN T
STREET ADDRESS	1805 SE 31ST LANE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000358938  
05/04/05-80136-009 150.00

**DO NOT WRITE  
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)(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 #

*John T. Driscoll* JOHN T DRISCOLL 4/28/05 352 622-5664