

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P97000050016

1. Entity Name
GLOBAL FINANCIAL ASSOCIATES, INC.



Principal Place of Business
9675 4TH STREET NORTH
ST. PETERSBURG, FL 33702-2529

Mailing Address
9675 4TH STREET NORTH
ST. PETERSBURG, FL 33702-2529

DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3451869

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DREWES, JOHN G
9675 4TH STREET NORTH
SAINT PETERSBURG, FL 33702

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DREWES, JOHN G
STREET ADDRESS 9675 4TH STREET NORTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33702

TITLE VD
NAME FISHER, STEVEN D
STREET ADDRESS 4640 SHORT LEAF LANE NE
CITY-ST-ZIP SAINT PETERSBURG, FL 33703

TITLE
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05/15/06-80006-013.150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Steven D. Fisher* **STEVEN D. FISHER** *4/23/06* *277-502222*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #