

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90281 013 ***150.00

DOCUMENT # P97000053214 1. Entity Name JO CLAIRE SPEAR, P.A.					
Principal Place of Business WEST BAY CORPORATE CENTER 9410 INTERNATIONAL COURT NORTH SAINT PETERSBURG, FL 33716-4801			Mailing Address WEST BAY CORPORATE CENTER 9410 INTERNATIONAL COURT NORTH SAINT PETERSBURG, FL 33716-4801		
2. Principal Place of Business 5149 CENTRAL AVENUE		3. Mailing Address 5149 CENTRAL AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SAINT PETERSBURG, FL		City & State SAINT PETERSBURG, FL		4. FEI Number 59-3451340	
Zip 33710		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPEAR, JO CLAIRE ESQ. WEST BAY CORPORATE CENTER 9410 INTERNATIONAL COURT NORTH SAINT PETERSBURG, FL 33716-4801			7. Name and Address of New Registered Agent Name SPEAR, JO CLAIRE ESQ. Street Address (P.O. Box Number is Not Acceptable) 5149 CENTRAL AVENUE City SAINT PETERSBURG, FL Zip Code 33710		
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:  MAY 5, 2005 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SPEAR, JO CLAIRE 9410 INTERNATIONAL COURT NORTH SAINT PETERSBURG, FL 337164801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SPEAR, JO CLAIRE 5149 CENTRAL AVENUE SAINT PETERSBURG, FL 33710	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:  JO CLAIRE SPEAR, AS ITS PRESIDENT			MAY 5, 2005		727-576-6400
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

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