

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000054022

1. Entity Name
**SMITH, CLARK, DELESIE, BIERLEY, MUELLER & KADYK,
P.A.**



Principal Place of Business
**100 NORTH TAMPA STREET
SUITE 2120
TAMPA, FL 33602**

Mailing Address
**100 NORTH TAMPA STREET
SUITE 2120
TAMPA, FL 33602**



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3453830

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SMITH, H. VANCE
100 NORTH TAMPA STREET
SUITE 2120
TAMPA, FL 33602**

**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	D
NAME	CLARK, ROBERT W
STREET ADDRESS	100 N. TAMPA ST., STE. 2120
CITY- ST- ZIP	TAMPA, FL 33602
TITLE	D
NAME	BIERLEY, JOHN C
STREET ADDRESS	100 N. TAMPA ST., STE. 2120
CITY- ST- ZIP	TAMPA, FL 33602
TITLE	D
NAME	DELESIE, JAMES C SR.
STREET ADDRESS	100 N. TAMPA ST., STE. 2120
CITY- ST- ZIP	TAMPA, FL 33602
TITLE	D
NAME	DELESIE, J. CRAIG JR.
STREET ADDRESS	100 N. TAMPA ST., STE. 2120
CITY- ST- ZIP	TAMPA, FL 33602
TITLE	D
NAME	KADYK, D. JAMES
STREET ADDRESS	100 N. TAMPA ST., STE. 2120
CITY- ST- ZIP	TAMPA, FL 33602
TITLE	D
NAME	MUELLER, JOHN H
STREET ADDRESS	100 N. TAMPA ST., STE. 2120
CITY- ST- ZIP	TAMPA, FL 33602

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02/14/05-80024-011 150.00

**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)(f), 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

2/8/05

Date

813 226-1880

Daytime Phone #