

FILED
May 23, 2005 8:00 am
Secretary of State

04-27-2005 90337 019 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000079213

1. Entity Name

HOMER G. CABLISH, JR., E.A., P.A.



Principal Place of Business

4855 27TH ST., WEST
BRADENTON, FL 34207 US

Mailing Address

2403 63RD ST W
BRADENTON, FL 34209

66018404



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0778679

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CABLISH, HOMER G JR.
2403 63RD ST W
BRADENTON, FL 34209

**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 re-registering)

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 CABLISH, HOMER G JR.
STREET ADDRESS 2403 63RD ST W
CITY - ST - ZIP BRADENTON, FL 34209

TITLE D
NAME CABLISH, GENOLA S
STREET ADDRESS 2403 63RD ST W
CITY - ST - ZIP BRADENTON, FL 34209

TITLE D
NAME HUBER, DECLAN E
STREET ADDRESS 7070 PROSPECT RD
CITY - ST - ZIP SARASOTA, FL 34243

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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 #