

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90334 011 ***150.00

DOCUMENT # P98000007112

1. Entity Name
DAVID M. GRUBER, CPA, PA



Principal Place of Business
**5150 TAMiami TRAIL N
#501
NAPLES, FL 34103 US**

Mailing Address
**5150 TAMiami TRAIL N
#501
NAPLES, FL 34103 US**

14001240



2. Principal Place of Business
5150 Tamiami Trail N
Suite, Apt. #, etc.
205

3. Mailing Address
5150 Tamiami Trail N
Suite, Apt. #, etc.
205

04222005 Chg-P CR2E034 (10/03)

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
65-0808686

Applied For
☐ Not Applicable

Zip
34103

Country

Zip
34103

Country

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

6. Name and Address of Current Registered Agent

**GRUBER, DAVID M
5150 TAMiami TRAIL NORTH
#501
NAPLES, FL 34103**

7. Name and Address of New Registered Agent

Name
Gruber, David M
Street Address (P.O. Box Number is Not Acceptable)
5150 Tamiami Trail N
#205
City
Naples FL Zip Code
34103

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

4/25/05

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GRUBER, DAVID M
3620 KENT DRIVE
NAPLES, FL 34112** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GRUBER, MICHELE
3620 KENT DRIVE
NAPLES, FL 34112** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Gruber, David M
220 Timber Lake Circle #103
Naples, FL 34104** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Gruber, Michele
220 Timber Lake Circle #103
Naples, FL 34104** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05
Date

2394302424
Daytime Phone #