


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90208 050 ***150.00


DOCUMENT # P98000044746	
1. Entity Name CHRISTOPHER J. GULYA, C.P.A., P.A.	

Principal Place of Business 10334 TRAILWOOD CIRCLE JUPITER, FL 33478	Mailing Address 10334 TRAILWOOD CIRCLE JUPITER, FL 33478
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2. Principal Place of Business 2416 Stewart Street Suite, Apt. #, etc.	3. Mailing Address 2416 Stewart Street Suite, Apt. #, etc.
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City & State Fuquay-Varina, NC Zip 27526 Country USA	City & State Fuquay-Varina, NC Zip 27526 Country USA
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14006001




04132005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0835116	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GULYA, CHRISTOPHER J C.P.A. 10334 TRAILWOOD CIRCLE JUPITER, FL 33478	7. Name and Address of New Registered Agent Name James W. Kehoe, III Street Address (P.O. Box Number is Not Acceptable) 2101 Centrepark West Drive, Suite 140 City West Palm Beach FL Zip Code 33409
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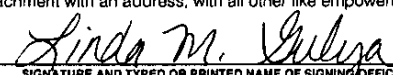
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **4/24/05**

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GULYA, CHRISTOPHER J C.P.A. 10334 TRAILWOOD CIRCLE JUPITER, FL 33478 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2416 Stewart Street Fuquay-Varina, NC 27526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GULYA, LINDA M 10334 TRAILWOOD CIRCLE JUPITER, FL 33478 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2416 Stewart Street Fuquay-Varina, NC 27526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:  DATE **4.13.05** DAYTIME PHONE **919.567.3360**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR