

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90053 010 ***150.00

DOCUMENT # P98000058217

1. Entity Name
GREG KARLSON, P.A.



Principal Place of Business
**3049 PLACIDVIEW DRIVE
LAKE PLACID, FL 33852**

Mailing Address
**3049 PLACIDVIEW DRIVE
LAKE PLACID, FL 33852**

00006192



2. Principal Place of Business

121 Watersedge Lane
Suite, Apt. #, etc.

3. Mailing Address

721 U.S. 27 South
Suite, Apt. #, etc.

01172005 Chg-P CR2E034 (10/03)

City & State

Lake Placid, FL

City & State

Sebring, FL

4. FEI Number

59-3520762

Applied For

Not Applicable

Zip

33852

Country

USA

Zip

33870

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KARLSON, PAMELA TAYLOR
531 DEEN BLVD
LAKE PLACID, FL 33852**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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** ☐ Delete
NAME **KARLSON, GREGORY**
STREET ADDRESS **3049 PLACIDVIEW DRIVE**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **KARLSON, Gregory** ☒ Change ☐ Addition
NAME
STREET ADDRESS **121 Watersedge Lane**
CITY-ST-ZIP **Lake Placid, FL 33852**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

GREG KARLSON

1-21-05 (863) 386-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #