

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90088 035 \*\*\*150.00

1. Entity Name  
 ÜNÝËÓÙÒÌ ý Ðçèððððéí î èç P980000  
 71289  
 LOUIS H. GAVIN, P.A.



Principal Place of Business Mailing Address  
 2300 SW 106 WAY 2300 SW 106 WAY  
 DAVIE, FL 33324 DAVIE, FL 33324

**DO NOT WRITE IN THIS SPACE**



02011002 0±Y, 10 Y110011 1001 +

4. FEI Number 65-0857092 Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 0.00 0.00

6. Name and Address of Current Registered Agent  
 ÜBÈððÖNÈ ± 0 GAVIN, LOUIS H  
 11001É 106ÉBÇ 2300 SW 106<sup>th</sup> WAY  
 ÜBÈððÖÜ 11111 DAVIE, FL 33324

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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 \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005  
 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 0.00 0.00

10. OFFICERS AND DIRECTORS  
 TITLE DÉÍ 1 PVST  
 NAME ÜBÈððÖNÈ ± 0 GAVIN, LOUIS H  
 STREET ADDRESS 11001É 106ÉBÇ 2300 SW 106<sup>th</sup> WAY  
 CITY-ST-ZIP ÜBÈððÖÜ 11111 DAVIE, FL 33324  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
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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: LOUIS H. GAVIN 5/1/05 954-424-8674  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #