

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90085 031 ***150.00

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1. Entity Name

BARBARA H. GORMLEY, P.A.



Principal Place of Business

2831 RINGLING BLVD
214E
SARASOTA FL 34237

Mailing Address

2831 RINGLING BLVD
214E
SARASOTA FL 34237



2. Principal Place of Business - No P.O. Box #

5605 Marquesas Circle
Suite, Apt. #, etc.

3. Mailing Address

5605 Marquesas Circle
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Sarasota FL

City & State

Sarasota, FL

4. FEI Number

65-0918894

Applied For

Not Applicable

Zip

34233

Country

USA

Zip

34233

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORMLEY, BARBARA H

2831 RINGLING BLVD STE 214E
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name Barbara H. Gormley, Esquire

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

5605 Marquesas Circle

City Sarasota

FL

Zip Code

34233

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

Barbara H. Gormley

1/29/07

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

NAME GORMLEY, BARBARA H ☐ Delete
STREET ADDRESS 2831 RINGLING BLVD, STE 214E
CITY-ST-ZIP SARASOTA FL 34237

NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME Gormley, Barbara H. ☒ Change ☐ Addition
STREET ADDRESS 5605 Marquesas Circle
CITY-ST-ZIP Sarasota, FL 34233

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Barbara H. Gormley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/07 941-927-1902