

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90047 004 ***150.00

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02032005 Chg-P CR2E034 (10/03)

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|---|--|---|---|---|--|
| DOCUMENT # P99000043567 1. Entity Name DON R. CORYELL & ASSOCIATES, INC. | | | | | |
| Principal Place of Business 6032 ZEPHYR RIDGE DR. ZEPHYRHILLS, FL 33542 US | | | Mailing Address 6032 ZEPHYR RIDGE DR. ZEPHYRHILLS, FL 33542 US | | |
| 2. Principal Place of Business <i>13626 Greenfield Dr.</i> | | 3. Mailing Address <i>13626 Greenfield Dr.</i> | | | |
| Suite, Apt. #, etc. <i>#201</i> | | Suite, Apt. #, etc. <i>#201</i> | | | |
| City & State <i>Tampa</i> | | City & State <i>Tampa</i> | | 4. FEI Number 59-3576587 | |
| Zip <i>33618</i> | | Country <i>Hillsborough</i> | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORYELL, DON R 6032 ZEPHYR RIDGE DRIVE ZEPHYRHILLS, FL 33542 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>13626 Greenfield Dr., #201</i> City <i>Tampa</i> FL Zip Code <i>33618</i> | | |
| 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 <i>Don R. Coryell</i> Don R. Coryell <i>2/3/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CORYELL, DON R 6032 ZEPHYR RIDGE DR ZEPHYRHILLS, FL 33542 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>13626 Greenfield Dr. #201 Tampa, FL 33618</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CORYELL, PATRICIA J 6032 ZEPHYR RIDGE DRIVE ZEPHYRHILLS, FL 33542 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>13626 Greenfield Dr. #201 Tampa, FL 33618</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <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: <i>Don R. Coryell</i> Don R. Coryell <i>2/3/05</i> 813-961-5326 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |