## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 25, 2005 08:00 AM Secretary of State **DOCUMENT # P99000087799** 1. Entity Name MICHAEL A. GANEY, P.A. Principal Place of Business Mailing Address 3680 3RD AVENUE NW 3680 3RD AVENUE NW NAPLES, FL 34120 NAPLES, FL 34120 02212005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3600050 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent GANEY, MICHAEL A DO NOT WRITE 3680 3RD AVENUE NW NAPLES, FL 34120 IN THIS SPACE 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 INOTE: Registered Agent signature required whos reinstations Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS DPST TITLE GANEY, MICHAEL A NAME TERREPHEAPSEC 3680 3RD AVENUE NW STREET ADDRESS (27., 17<del>5-2</del>66)) 7-46), 750, **0**0 CITY-ST-ZIP NAPLES, FL 34120 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME

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:

STREET ADDRESS CITY-ST-ZIP

Michael A Com MICHAEL A. GANEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-05

239-352-9062

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