

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-10-2005 90049 004 \*\*\*150.00

**DOCUMENT # S18629**

1. Entity Name  
**LEWIS E. DINKINS, P.A.**



Principal Place of Business  
**201 NORTHEAST EIGHTH AVE  
OCALA, FL 34470 US**

Mailing Address  
**201 NORTHEAST EIGHTH AVE  
OCALA, FL 34470 US**

**40016347**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**59-3043509**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DINKINS, LEWIS E.  
201 NE EIGHTH AVE  
OCALA, FL 34470**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPV  
DINKINS, LEWIS E.  
201 NORTHEAST EIGHTH AVE  
OCALA, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
DINKINS, KATHRYN A.  
201 NORTHEAST EIGHTH AVE  
OCALA, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/7/05 (352) 622-4126**  
Date Daytime Phone #



## Division of Corporations

40016347

## Annual Report

Document Number

S18629

Business Entity Name

LEWIS E. DINKINS, P.A.

FEI Number

593043509

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Principal Place of Business

Address

201 NORTHEAST EIGHTH AVE

Suite, Apt. #, etc.

City, State

OCALA

FL

Zip Code &amp; Country

34470

US

## Mailing Address

Address

201 NORTHEAST EIGHTH AVE

Suite, Apt. #, etc.

City, State

OCALA

FL

Zip Code &amp; Country

34470

US

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name

DINKINS, LEWIS E.

Address

201 NE EIGHTH AVE

Suite, Apt. #, etc.

City, State

OCALA

FL

Zip Code &amp; Country

34470

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes

forgery under s.831.06, Florida Statutes.

#518629

Officer/Director Name And Address

40016347

Title   
Name (Last, First, Middle, Title)   
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)   
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)   
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)   
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)   
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

# ATTACHMENT

# 518629

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

40016347

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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