

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # S47874

1. Entity Name
GLATTHORN & COMPANY, P.A.



Principal Place of Business
411 PASADENA AVENUE SOUTH
ST. PETERSBURG, FL 33707

Mailing Address
411 PASADENA AVENUE SOUTH
ST. PETERSBURG, FL 33707



02192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3063730 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GLATTHORN, GINA M.
411 PASADENA AVE SO
ST. PETERSBURG, FL 33707

**DO NOT WRITE
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 _____

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

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GLATTHORN, GINA M. 411 PASADENA AVE S. ST. PETERSBURG, FL |
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03/21/05-80006-015 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Gina M. Glatthorn

3/18/05 727-347-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #