2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State
04-08-2005 90058 028 ***150.00

DOCUMENT # S78032

1. Entity Name
GLORIA W. FLETCHER, P.A.

Principal Place of Business	Mailing Address
719 NE FIRST ST. GAINESVILLE, FL 32601 US	719 N.E. 1ST STREET GAINESVILLE, FL 32601

04062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
132 N.W. 76th Drive		132 N.W. 76th Drive	
Suite, Apt #, etc.: Suite B		Suite, Apt #, etc.: Suite B	
City & State: Gainesville Florida		City & State: Gainesville Florida	
Zip: 32607	Country: USA	Zip: 32607	Country: USA

4. FEI Number: 59-3083442 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FLETCHER, GLORIA W.
719 N.E. 1ST STREET
GAINESVILLE, FL 32601

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 132 N.W. 76th Drive Suite B
City: Gainesville FL Zip Code: 32607

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	FLETCHER, GLORIA W.		NAME		
STREET ADDRESS	719 N.E. 1ST ST.		STREET ADDRESS	132 NW 76th Drive Suite B	
CITY-ST-ZIP	GAINESVILLE, FL		CITY-ST-ZIP	Gainesville Fl 32607	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Gloria W. Fletcher 4/6/05 352 374 4007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #