

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90363 049 \*\*\*150.00

**DOCUMENT # S99807**

1. Entity Name  
**DOUGLAS S. GREGORY, P.A.**



Principal Place of Business  
**100 NORTH TAMPA ST  
STE 1975  
TAMPA, FL 33602 US**

Mailing Address  
**100 NORTH TAMPA ST  
STE 1975  
TAMPA, FL 33602 US**

**60029809**



2. Principal Place of Business  
**2309 S. MacDill Ave.**

3. Mailing Address  
**2309 S. MacDill Ave.**

Suite, Apt. #, etc.  
**Suite 101**

Suite, Apt. #, etc.  
**Suite 101**

City & State  
**Tampa, FL**

City & State  
**Tampa, FL**

Zip Country  
**33629 US**

Zip Country  
**33629 US**

04192006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3097791**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GREGORY, DOUGLAS S.  
100 NORTH TAMPA ST  
STE 1975  
TAMPA, FL 33602**

**7. Name and Address of New Registered Agent**

Name **GREGORY, DOUGLAS S.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2309 S. MacDill Ave.**  
**Suite 101**  
City **Tampa** FL Zip Code **33629**

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, 2006 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 **PDST GREGORY, DOUGLAS S.** ☐ Delete  
STREET ADDRESS **100 NORTH TAMPA STREET SUITE 1975**  
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME **PDST GREGORY, DOUGLAS S.** ☐ Change ☐ Addition  
STREET ADDRESS **2309 S. MacDill Ave, Suite 101**  
CITY-ST-ZIP **Tampa, FL 33629**

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**4/19/06**

**813-253-0404**