

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # V05374

1. Entity Name

GARY L. LAMALIE, P.A.



Principal Place of Business

430 BRYN ATHYN BLVD
STE 4
MARY ESTHER, FL 32569 US

Mailing Address

430 BRYN ATHYN BLVD
STE 4
MARY ESTHER, FL 32569 US



01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3099432

Applied For
Not Applicable

5. Certificate of Public Use Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMALIE, GARY L.
430 BRYN ATHYN BLVD
STE 4
MARY ESTHER, FL 32569

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LAMALIE, GARY L.
STREET ADDRESS 430 BRYN ATHYN BLVD - STE 4
CITY - ST - ZIP MARY ESTHER, FL

TITLE
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1100000024443
02/02/04-80062-023 150.00

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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:

Gary L. Lamalie Gary L. Lamalie President
Treasurer

1/29/04 850-243-3933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #