


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90028 044 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # V66516</b>   |  |
| 1. Entity Name<br><b>THE FIRST REPUBLIC CORPORATION OF SOUTH FLORIDA</b> |   |

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| Principal Place of Business<br><b>16941 CAROLYN LANE<br/>N. FORT MYERS FL 33917<br/>US</b> | Mailing Address<br><b>16941 CAROLYN LANE<br/>N. FORT MYERS FL 33917<br/>US</b> |
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|   |   |
|---|---|
| 2. Principal Place of Business<br><i>16941 Carolyn LANE</i> | 3. Mailing Address<br><i>16941 Carolyn Lane</i> |
| Suite, Apt. #, etc.<br><i>PVT. HOME.</i>                    | Suite, Apt. #, etc.<br><i>PVT. Home</i>         |

|  |  |
|--|--|
| City & State<br><i>N. Ft. Myers, FL.</i> | City & State<br><i>N. Ft. Myers, FL.</i> |
| Zip<br><i>33917</i>                      | Zip<br><i>33917</i>                      |
| Country<br><i>U.S.A.</i>                 | Country<br><i>U.S.A.</i>                 |



1st MOORE CR2E034 (10/04)

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|--|--|
| 4. FEI Number<br><b>13-3572743</b>                           | Applied For<br><input type="checkbox"/>    |
|  | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>      |

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATION INFORMATION SERVICES INC.<br/>1201 HAYS STREET<br/>SECOND FLOOR<br/>TALLAHASSEE FL 32301</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>GELLIS, HOWARD A.<br/>16941 CAROLYN LANE<br/>N. FT. MYERS FL</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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: Howard A. Gellis - HOWARD A. GELLIS 1/24/05 239-731-0912  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #