


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 611713
 1. Entity Name
 CLYATT & RICHARDSON, P.A.



Principal Place of Business: 1551 FORUM PLACE, 300F, WEST PALM BCH, FL 33401 US
 Mailing Address: 1551 FORUM PLACE, SUITE 300F, WEST PALM BCH, FL 33401 US

DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)
 4. FEI Number: 59-1887555 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RICHARDSON, KEVIN F.
 1551 FORUM PLACE STE 300-F
 WEST PALM BCH, FL 33401

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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: _____ (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 STREET ADDRESS CITY- ST- ZIP	PTD CLYATT JR, SHELTON 1551 FORUM PLACE #300 F WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD RICHARDSON, KEVIN F 1551 FORUM PLACE #300- F WEST PALM BEACH, FL 33401
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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: Kevin F. Richardson 1.12.6 561 471 9600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #