


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # G43308**

1. Entity Name  
FLISCHEL, TOWNSEND & MURTHA, C.P.A., A  
CHARTERED PROFESSIONAL ASSOCIATION



Principal Place of Business 900 E. PINE ST., STE 126 ENGLEWOOD, FL 34223	Mailing Address 900 E. PINE ST., STE 126 ENGLEWOOD, FL 34223
--------------------------------------------------------------------------------	--------------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2298770	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

FLISCHEL, RAYMOND W.  
900 E. PINE STREET #126  
ENGLEWOOD, FL 33533

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FLISCHEL, RAYMOND W 900 E. PINE STREET #126 ENGLEWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURTHA, THOMAS E 900 E. PINE STREET #126 ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000407315  
02/08/06-80013-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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] **1/27/06** **941-425-7937**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #