



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90013 018 ***150.00

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| DOCUMENT # L12103 | | | |  | |
| 1. Entity Name PATRICIA L. STROWBRIDGE, P.A. | | | | | |
| Principal Place of Business 1516 E COLONIAL DR 202 ORLANDO, FL 32803 | | Mailing Address 1516 E COLONIAL DR 202 ORLANDO, FL 32803 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2964640 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| STROWBRIDGE, PATRICIA L. 1516 E COLONIAL DR SUITE 202 ORLANDO, FL 32803 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL | | 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 _____ (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. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD STROWBRIDGE, PATRICIA L. 1516 E COLONIAL DE, STE. 202 ORLANDO, FL 32803 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 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 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 titles empowered. | | | | | |
| SIGNATURE:  | | | March 17, 2006 407-894-1525 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

ATTACHMENT
20017909
PATRICIA L. STROWBRIDGE, P.A.
Attorney at Law

Patricia L. Strowbridge

*Florida Bar Board Certified
In Marital & Family Law
Member, Florida Adoption Council
Member, American Academy of Adoption Attorneys
Member, American Bar Association*

Office Administrator

Linda G. Ratcliff
linda@strowbridge.com

March 15, 2006

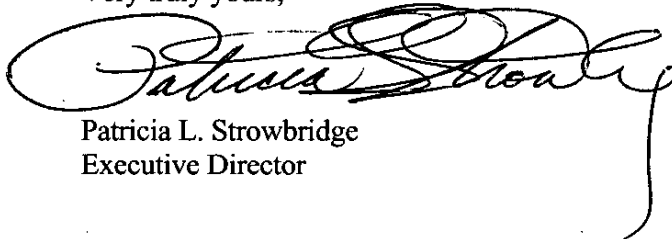
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Patricia L. Strowbridge, P.A.
Document No. L12103

Gentlemen or Madam:

Enclosed please find the 2006 For Profit Corporation Annual Report for the above-referenced corporation, together with our check in the amount of \$150.00 as the fee to file this report.

Very truly yours,



Patricia L. Strowbridge
Executive Director

PLS:bh
Enclosures

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