


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000010888**  
 1. Entity Name  
 RICHARD MARQUARDT, P.A.



Principal Place of Business  
 5130 KRISTIN COURT  
 NAPLES, FL 34105

Mailing Address  
 5130 KRISTIN COURT  
 NAPLES, FL 34105

**DO NOT WRITE IN THIS SPACE**



06192006 No Chg-P CR2E034 (11/05)

4. FEI Number  
 38-3670546

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

MARQUARDT, RICHARD  
 5130 KRISTIN COURT  
 NAPLES, FL 34105

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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)

U00000567707  
 06/28/06-80603-004 150.00

**FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MARQUARDT, RICHARD
STREET ADDRESS	5130 KRISTIN COURT
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** \_\_\_\_\_ **6/26/06** **239-269-4158**

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