


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90026 012 ***150.00

DOCUMENT # P03000055924


1. Entity Name
SHEILA FINN-BOUCHARD, P.A.



Principal Place of Business 16160 MOUNT ABBEY WAY #201 FORT MYERS, FL 33908	Mailing Address 16160 MOUNT ABBEY WAY #201 FORT MYERS, FL 33908
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2. Principal Place of Business 12601 MASTIQUE Suite, Apt. #, etc. BEACH BLVD. #803	3. Mailing Address 12601 MASTIQUE BEACH Suite, Apt. #, etc. BLVD, #803
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City & State FT-MYERS, FL	City & State FT-MYERS, FL	4. FEI Number 13-4252368	Applied For <input type="checkbox"/> Not Applicable
Zip 33908	Country USA	Zip 33908	Country USA



01232006 Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent FINN-BOUCHARD, SHEILA 16160 MOUNT ABBEY WAY #201 FORT MYERS, FL 33908	7. Name and Address of New Registered Agent Name SHEILA FINN-BOUCHARD Street Address (P.O. Box Number is Not Acceptable) 12601 MASTIQUE BEACH #803 BLVD City FT-MYERS, FL 33908
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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: *Sheila Finn-Bouchard* DATE: 1-23-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	NAME FINN-BOUCHARD, SHEILA	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 16160 MOUNT ABBEY WAY #201	CITY-ST-ZIP FORT MYERS, FL 33908	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME 12601 MASTIQUE BEACH BLVD #803	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS FT-MYERS, FL 33908	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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: *Sheila Finn-Bouchard* DATE: 1-23-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR