

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000002140	
1. Entity Name OLDS & STEPHENS, PROFESSIONAL ASSOCIATION	

Principal Place of Business % 312-11TH STREET WEST PALM BEACH, FL 33401	Mailing Address % 312-11TH STREET WEST PALM BEACH, FL 33401
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06282006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0385869	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OLDS, LONNIELL
312-11TH STREET
WEST PALM BEACH, 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 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.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD OLDS, LONNIELL 312 11TH ST WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STEPHENS, DON 312 11TH ST 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: Lonniell Olds *Lonniell Olds* **6/29/06** **561.832.6814**

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