

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2006 8:00 am
Secretary of State

08-17-2006 90002 019 ***550.00

DOCUMENT # P93000060434
 1. Entity Name
VESTAL & WILER, C.P.A.'S, P.A.



Principal Place of Business: **201 EAST PINE STREET STE 801 ORLANDO, FL 32801 US**
 Mailing Address: **201 EAST PINE STREET STE 801 ORLANDO, FL 32801 US**

50020306

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Country



07032006 Chg-P CR2E034 (11/05)

4. FEI Number: **59-3198021**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILER, TERRENCE J VESTAL & WILER 201 E PINE STREET SUITE 801 ORLANDO, FL 32801	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State: 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 \$550.00 Due by September 6, 2006

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	TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WILER, TERRENCE J		NAME: WILER, TERRENCE J	
STREET ADDRESS: 210 E. PINE ST. STE. 801		STREET ADDRESS: 201 E. PINE ST. STE 801	
CITY-ST-ZIP: ORLANDO, FL 32801		CITY-ST-ZIP: ORLANDO, FL 32801	
TITLE: V	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: O'TOOLE, TIMOTHY J.		NAME:	
STREET ADDRESS: 496 TIMBER RIDGE DR		STREET ADDRESS:	
CITY-ST-ZIP: LONGWOOD, FL 32779		CITY-ST-ZIP:	
TITLE: ST	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BLAIS, JACQUES		NAME:	
STREET ADDRESS: 17741 DEER ISLE CIRCLE		STREET ADDRESS:	
CITY-ST-ZIP: WINTER GARDEN, FL 34787		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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: _____ Date: **8/17/06** Daytime Phone # _____