


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000055864
 1. Entity Name
JOHN A. KOVARIK, ESQ. P.A.



Principal Place of Business Mailing Address
224 DATURA ST. STE. 1013 **224 DATURA ST. STE. 1013**
WEST PALM BEACH, FL 33401 **WEST PALM BEACH, FL 33401**

DO NOT WRITE IN THIS SPACE



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0669331 Not Applicable

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

6. Name and Address of Current Registered Agent
KOVARIK, JOHN S ESQ.
224 DATURA STREET STE 1013
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

110000493722
 04/20/06-80017-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KOVARIK, JOHN A ESQ.
STREET ADDRESS	224 DATURA STREET STE 1013
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	KOVARIK, JOHN
STREET ADDRESS	224 DATURA ST SUITE 1013
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
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: John A. Kovarik Date: 4/4/06 Office Phone #: (561) 659-9001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR