2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000049772

1. Entity Name
JEANETTE TANZER, P.A.



FILED
Apr 12, 2006 08:00 AM
Secretary of State

Principal Place of Business

2269 ALBA WAY DEERFIELD BEACH, FL 33442 Mailing Address

2269 ALBA WAY

DEERFIELD BEACH, FL 33442



01052006

No Chg-P

CR2E034 (11/05)

4. FEI Number, 65-0937,369 Applied For Not Applicat

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TANZER, JEANETTE 2269 ALBA WAY DEERFIELD BEACH, FL 33442

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| | named entity submits this statement for the tions of registered agent. | ourpose of changing its registere | ed office or r | egistered agent, or bo | th) In the State of Florida. I am familiar with, and accer | |
|--|--|-----------------------------------|-------------------|---|--|--|
| SIGNATURE. | Signature, typed or printed name of registered egent and title | if applicable. (NOTE: Registered | d Agent signature | a required when reinstating) | DATE | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution. | | | cing | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIRE | CTORS | | | | |
| TITLE NAME STREET AODRESS CITY-ST-ZIP | D TANZER, JEANETTE 2269 ALBA WAY DEERFIELD BEACH, FL 33442 | | | U00000504324 04/26/06-80066-809 150.00 | | |
| TITLE NAME STREET ADDRESS CHTY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _ | | | DO NOT WRITE | | |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | | | IN THIS SPACE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ······································ | · = · | |
| TITLE NAME STREET ADDRESS CRY - ST - ZIP | | | | | | |

12. I hereby certify that the information supplied with this filling 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

Langth Taxer

4-8-06

954-571-3535