



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P04000093050</b> 1. Entity Name JOYCE A. PYBUS, P.A.	
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Principal Place of Business 105 BROOKS STREET #6 FORT WALTON BEACH, FL 32548 US	Mailing Address P. O. BOX 6237 MIRAMAR BEACH, FL 32550 US
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**DO NOT WRITE IN THIS SPACE**

**FILED**  
**06 SEP 21 AM 10:49**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



08182006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1257115	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

PYBUS, JOYCE A  
105 BROOKS STREET  
#6  
FORT WALTON BEACH, FL 32548

**DO NOT WRITE  
IN THIS SPACE**

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

600080195276  
09/26/06--01075--036 \*\*150.00  
DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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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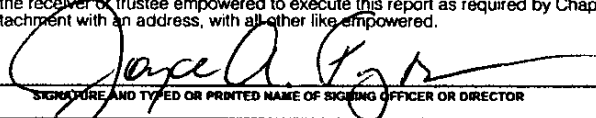
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D PYBUS, JOYCE A 105 BROOKS STREET #6 FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**K. Eckel SEP 22 2006**

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:**  **9/19/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #