

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90069 038 ***150.00

DOCUMENT # 471960

1. Entity Name
KIRKCONNELL, LINDSEY, SNURE & YATES, P.A.



Principal Place of Business
1150 LOUISIANA AVE #1
WINTER PARK, FL 32789

Mailing Address
1150 LOUISIANA AVE #1
WINTER PARK, FL 32789

40052337



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1576047

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KIRKCONNELL, KIRK N
1150 LOUISIANA AVE #1
WINTER PARK, FL 32789

**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)

DATE

4-4-06

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	LINDSEY, WARREN W.
STREET ADDRESS	#1, 1150 LOUISIANA AVE.
CITY-ST-ZIP	WINTER PARK FL,
TITLE	DPT PRESIDENT
NAME	KIRKCONNELL, KIRK N
STREET ADDRESS	#1, 1150 LOUISIANA AVE.
CITY-ST-ZIP	WINTER PARK, FL
TITLE	See
NAME	SNURE, MICHAEL J.
STREET ADDRESS	1 - 1150 LOUISIANA AVE.
CITY-ST-ZIP	WINTER PARK, FL
TITLE	YATES, TAD A. - Treasurer
NAME	YATES, TAD A. - Treasurer
STREET ADDRESS	1150 LOUISIANA AVE, #1
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-06 (407)644-7600
Date Daytime Phone #