

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # 507284

1. Entity Name

HAROLD L. VOSE AND ASSOCIATES, INC.



Principal Place of Business

8025 93 AVENUE
VERO BEACH, FL 32967 US

Mailing Address

8025 93 AVENUE
VERO BEACH, FL 32967 US



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1690540

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VOSE, BRADFORD D.
8025 93RD AVENUE
VERO BEACH, FL 32967

**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 _____

**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 | ST |
| NAME | HURLEY, PENELOPE V. |
| STREET ADDRESS | 8345 90 AVENUE |
| CITY-ST-ZIP | VERO BEACH, FL 32967 |
| TITLE | P |
| NAME | VOSE, BRADFORD D. |
| STREET ADDRESS | 8025 93 AVENUE |
| CITY-ST-ZIP | VERO BEACH, FL 32967 |
| TITLE | V |
| NAME | VOSE, HOLLY H. |
| STREET ADDRESS | 2113 S. OLD MILL DR. |
| CITY-ST-ZIP | DELTONA, FL |
| 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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03/04/06-80040-003 150.00

**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 like empowered.

SIGNATURE:

Penelope V. Hurley **Penelope V. HURLEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

1/18/06

Date

772-388-8566

Daytime Phone If