2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

## Feb 24, 2006 08:00 AM DOCUMENT # 601747 **Secretary of State** 1. Entity Name TERRANCE W. NABERHAUS, O.D., P.A. Principal Place of Business Mailing Address 2420 S BABCOCK STREET 2420 S BABCOCK STREET MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apr. if, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-1278745 Not Applicab: Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NABERHAUS, TERRANCE W. 2420 S. BABCOCK ST. Street Address (P.O. Box Number is Not Acceptable) MELBOURNE FL 32901 City Zip Code 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 access the obligations of registered agent. SIGNATURE Significative, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when remislating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TYTLE PS ☐ Delete TITLE Change ☐ Aduīñi⊾ NABERHAUS, TERRY NAME NAME STREET ADDRESS 2420 S. BABCOCK STREET ADDRESS MELBOURNE FL C15Y-ST-71P CITY-ST-ZIP Change TITLE ☐ Delete TITLE U00000446742 ☐ Ad III 03/08/06-80024-017 150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THEF ☐ Delete TILLE Change A.Marin NAME MAME STREET ADDRESS STHEET AUDHESS CITY-ST-79 CITY-ST-ZIP MLC ☐ Delete Change A A A A I K NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-S7-ZIP TITLE ☐ Delete ☐ Change TITLE □ Ac \*\*\* MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-79 THIE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-IIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 apacturent with an address, with all other like empowered.

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**FILED** 

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