


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 8:00 am
Secretary of State


02-09-2006 90111 005 ***150.00

DOCUMENT # 601911 1. Entity Name ATKINSON, DINER, STONE, MANKUTA & PLOUCHA, P.A.	
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Principal Place of Business 100 S.E. 3RD AVENUE SUITE 1400 FT. LAUDERDALE, FL 33394	Mailing Address ONE FINANCIAL PLAZA SUITE 1400 FT. LAUDERDALE, FL 33394
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DO NOT WRITE IN THIS SPACE

40011300



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1285529	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ATKINSON, WILSON C. III~~ *Stone, Adele I*
ONE FINANCIAL PLAZA
SUITE 1400
FT. LAUDERDALE, FL 33394

**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: *Adele Stone* 1/25/06
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PLOUCHA, LAWRENCE M ONE FINANCIAL PLAZA FT. LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ATKINSON, WILSON C. III ONE FINANCIAL PLAZA FT. LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DINER, JESSE H ONE FINANCIAL PLAZA FT. LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> STONE, ADELE I ONE FINANCIAL PLAZA FT. LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANKUTA, DAVID B ONE FINANCIAL PLAZA FT. LAUDERDALE, FL 33394
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 like empowered.

SIGNATURE: *Adele Stone* 1/25/06 954-925-5581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #