## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **DOCUMENT #604703**

Entity Name

HOLDEN, RAPPENECKER, AND EUBANK, P.A.



01-18-2006 90023 022 \*\*\*150.00

Jan 18, 2006 8:00 am Secretary of State

**FILED** 

Principal Place of Business

2772-S NW 43 ST GAINESVILLE, FL 32606 Mailing Address

2772-S NW 43 ST GAINESVILLE, FL 32606



01162006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1484742

Applied For Not Applicable

5. Certificate of Status Desired

-16-06

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLDEN, CHARLES I., JR. 2772-S NW 43 ST GAINESVILLE, FL 32606

SIGNATURE:

## 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 NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EUBANK, BOBBIE LEE 2772-S NW 43 ST GAINESVILLE, FL 32606					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLDEN, CHARLES I., JR. 2772-S NW 43 ST GAINESVILLE, FL 32606					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAPPENECKER, STEPHEN A. 2772-S NW 43 ST GAINESVILLE, FL 32606			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EUBANK, BOBBIE LEE 2772 S NW 43 ST GAINESVILLE, FL 32606			IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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.)						