2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 01, 2006 8:00 am Secretary of State

DOCUMENT # F18250 1. Entity Name MEHLICH & ROEGIERS, GOLDIN & CO., P.A.							03-01-2006 90005 030 ***150.00					
Principal Place of Business Mailing Address 701 COLORADO AVENUE 701 COLORADO AVENUE STUART, FL 34994-3017 STUART, FL 34994-3017							g v j			;; 	·	
2. Principal P	3. Mailing Address	dress										
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				02072006 Chg-P CR2E034 (11/05)					
City & State			City & State				.4. FEI Number Applied For 59-2056808 Not Applied			plied For at Applicable		
Zip	Country		Zip	Zip Coun		5. Certificate of Status Desired			B.75 Add se Require			
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent					
GOLDIN, GENE B 701 COLORADO AVE. STUART, FL 33494						Street Address (P.O. Box Number is Not Acceptable)						
- 						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 accept the obligations of registered agent. SIGNATURE												
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 \$5.							.00 May Be led to Fees					
10.	T ==	OFFICERS AND				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEHLICH, G 701 COLORA STUART, FL	ADO AVE.	Ociete						į	☐ Change	☐ Addition	
FITLE NAME STREET ADDRESS CITY-ST-ZIP	701 COLORADO AVE.				E E EET ADDRESS -ST-ZIP	SD ROE 701 St	GIENS, ST Colorad Xart F	enten M. lo Ale L 3499) 14	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDIN, GE 701 COLORA STUART, FL		☐ Delete		Ε					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SPRAKER, N 701 COLOR/ STUART, FL	ADO AVE.	X Delete							□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						[Change	☐ Addition	
indicated of the cor	on this report or poration or the re	supplemental report is aceiver or trustee empo	this filing does not qualify for true and accurate and that twered to execute this report with all other like empowered	my signa : as requi	ture shall ha	ave the	same legal effect	as if made under o	eath: that I am	an officer	or director	