

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F21683

1. Entity Name

ROBERT F. VASON, JR., P.A.



Principal Place of Business

501 E FIFTH AVE
MOUNT DORA, FL 32757 US

Mailing Address

PO BOX 1430
MOUNT DORA, FL 32756-1430 US



03012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2068602

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VASON, ROBERT F JR
501 E 5TH AVE
MOUNT DORA, FL 32757

**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 re-registering)

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 PD
NAME VASON, ROBERT F JR
STREET ADDRESS 501 E 5TH AVE
CITY-ST-ZIP MT DORA, FL 32757

TITLE V
NAME SHIPLEY, CHRISTOPHER J
STREET ADDRESS 501 E FIFTH AVE
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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100000465490
03/22/06-80037-022 150.00

**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:

Robert F. Vason, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-06 352 383-4151

Date

Daytime Phone #