## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 20, 2006 08:00 AN DOCUMENT # F71612 **Secretary of State** 1. Entity Name CLEM CHESTER, PROFESSIONAL ASSOCIATION Principal Place of Business Mailing Address **3333 20TH STREET 3333 20TH STREET** VERO BEACH, FL 32960 US VERO BEACH, FL 32960 US 01172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2159496 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CLEM. CHESTER DO NOT WRITE **3333 20TH STREET** VERO BEACH, FL 32960 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PST TITLE CLEM, CHESTER NAME STREET ADDRESS **3333 20TH STREET** CITY-ST-ZIP VERO BEACH, FL 32960 U00000394607 01/26/06-80017-013 150.00 NAME CLEM, CHESTER **3333 20TH STREET** STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

FILED

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR

Date

Description Prome #

12. Thereby 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.

STREET ADDRESS CITY-ST-ZIP