


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90037 015 ***150.00

DOCUMENT # F91720 1. Entity Name GEORGE J. ADLER, P.A.					
Principal Place of Business 225 S. EOLA DR. ORLANDO, FL 32853-6446 US			Mailing Address P.O. BOX 536446 ORLANDO, FL 32853-6446 US		
2. Principal Place of Business 1643 East Robinson Street		3. Mailing Address Suite, Apt. #, etc. P.O. BOX 536446			
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 59-2206328	
Zip 32803-5932		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADLER, GEORGE J 225 S. EOLA DR. ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Adler, George J. Street Address (P.O. Box Number is Not Acceptable) 1643 East Robinson Street City Orlando FL Zip Code 32803-5932	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ADLER, GEORGE J <input checked="" type="checkbox"/> Delete 123 THISTLEWOOD CIR LONGWOOD, FL 00000,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ADLER, GEORGE J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 915 Parkside Pointe Blvd Apopka, FL 32712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>George J. Adler</u> GEORGE J. ADLER <u>1/19/06</u> <u>407-896-1230</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					