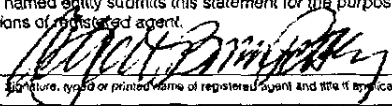


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F93509		
1. Entity Name A. GAIL BOORMAN & ASSOCIATES, P.A.		
Principal Place of Business 1100 5TH AVE. SO., SUITE 201 NAPLES, FL 34102 US	Mailing Address 1100 5TH AVE. SO., SUITE 201 NAPLES, FL 34102 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BOORMAN-PETTEY, A. GAIL PRESIDE 1100 5TH AVE. S. SUITE 201 NAPLES, FL 34102		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:  President 3/30/2006 (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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES BOORMAN-PETTEY, A. GAIL PRESIDE 1100 5TH AVE. S., SUITE 201 NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  President 3/30/2006 (233)- 263-2242		DATE



03302006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2214039 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

1000000488055
04/14/06-80019-023 150.00

**DO NOT WRITE
IN THIS SPACE**