2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # G11864

1. Entity Name

ARTHUR W. GUNDLING, P.A.



FILED Apr 28, 2006 08:00 AN Secretary of State

Principal Place of Business

1701 W. HILLSBORO BLVD. 207 DEERFIELD BEACH, FL 33442 Mailing Address

1701 W. HILLSBORO BLVD. 207 DEERFIELD BEACH, FL 33442



## DO NOT WRITE IN THIS SPACE

04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2241441

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUNDLING, ARTHUR W. 1701 WEST HILLSBORO BLVD. SUITE 207 DEERFIELD BEACH, FL 33442

## DO NOT WRITE IN THIS SPACE

				110111 - No. 1101 - 1101 - 1101 - 1101 - 1101 - 1101 - 1101 - 1101 - 1101 - 1101 - 1101 - 1101 - 1101 - 1101 -	
	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered of	fice or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_				-	
	Signature, typed or printed name of registered agent and title		t signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campalgn Financing     Trust Fund Contribution.		<b>\$5.00</b> May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUNDLING, ARTHUR W 7801 N.W. 5TH PLACE PLANTATION, FL				
TITLE NAME Street Address City-St-Zip					U00000542159 05/10/06-80087-005 150.00
TITLE NAME STREET ADDRESS CITY -ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	
TITLE	The state of the s	· To the section of the section and the section			

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 supplier entail 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 of 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** 

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06

9544265120

Daytime Phone #