

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90118 007 \*\*\*150.00

**DOCUMENT # G36216**

1. Entity Name  
**FLORIDA PROFESSIONAL MANAGEMENT SYSTEMS, INC.**



Principal Place of Business

JOHN P. HOWARD  
3801 ST. JOHNS AVE  
PALATKA, FL 32177

Mailing Address

JOHN P. HOWARD  
3801 ST. JOHNS AVE  
PALATKA, FL 32177

00014570



**DO NOT WRITE IN THIS SPACE**

03182006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2400172**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HOWARD, J P  
1606 MONUMENT AVE.  
PORT ST. JOE, FL 32456

**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 reconstituting)

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  
DP  
HOWARD, J.P.  
1606 MONUMENT AVE.  
PORT ST. JOE, FL 32456

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
JAMES, PATRICIA H  
400 DESOTO DR.  
MIAMI SPRINGS, FL 33166

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

**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: *Patricia H. James*  
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

4-29-06 305 885-2689  
Date Daytime Phone #