


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State


02-10-2006 90009 011 ***150.00

DOCUMENT # G61911		
1. Entity Name POETTER AND POETTER, P.A.		

Principal Place of Business 3002 SE 1ST AVENUE BLDG 200 OCALA, FL 34471	Mailing Address 3002 SE 1ST AVENUE BLDG 200 OCALA, FL 34471
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40000563



02082006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2355155	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent POETTER, VIOLET D PSY.D. 3002 SE 1ST AVE BUILDING 200 OCALA, FL 34471	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S POETTER, RODNEY A PHD 2420 SE 14TH STREET OCALA, FL 34471 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S POETTER, RODNEY A. PHD 1800 SE 12TH CIRCLE OCALA, FL 34480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T POETTER, VIOLET D PSYD 2420 SE 14TH STREET OCALA, FL 34471 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T POETTER, VIOLET D. PSYD 7800 SE 12TH CIRCLE OCALA, FL 34480 <input checked="" 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
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
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: *Violet D. Potter* 2/8/06 3523515522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT
 200016829
 #G6191
Division of Corporations

2006 Annual Report

**Listed below is the most recent information reported for the entity.
 Please review and click the appropriate button at the bottom to generate the annual
 report form.**

This information cannot be changed on the report.	
Document Number	G61911
Business Entity Name	POETTER AND POETTER, P.A.
Original File Date	09/27/1983

FEI Number 59-2355155

Principal Address 3002 SE 1ST AVENUE
 BLDG 200
 OCALA, FL 34471

Mailing Address 3002 SE 1ST AVENUE
 BLDG 200
 OCALA, FL 34471

Registered Agent PSY.D. VIOLET D POETTER
 3002 SE 1ST AVE
 BUILDING 200
 OCALA, FL 34471 US

Officer/Director Name And Address

VP/S
 PHD RODNEY A POETTER
~~2420 SE 14TH STREET~~ 7800 SE 12th Circle
 OCALA, FL ~~34471~~ 34480

P/T **VIOLET**
 PSYD VIOLET D POETTER
~~2420 SE 14TH STREET~~ 7800 SE 12th Circle
 OCALA, FL ~~34471~~ 34480

If all of the above
 information is correct and
 you do not wish to make any
 changes, please select:

No Changes

If you need to make changes
 to the above information,
 please select:

Make Changes