

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # G89235

Entry Name
 LOYD W. PROCTON, P.A.



Principal Place of Business
 400 S.E. 18TH STREET
 FORT LAUDERDALE, FL 33316

Mailing Address
 400 S.E. 18TH STREET
 FORT LAUDERDALE, FL 33316



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-2394627 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PROCTON, LLOYD W., ESQUIRE
 400 S.E. 18TH STREET
 FORT LAUDERDALE, FL 33316

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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 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

000000398144
 01/30/06-80082-023 150.00

OFFICERS AND DIRECTORS

PTS	PROCTON, LLOYD W.
STREET ADDRESS	400 S.E. 18TH STREET
CITY-STATE-ZIP	FORT LAUDERDALE, FL
D	PROCTON, LLOYD W.
STREET ADDRESS	400 S.E. 18TH STREET
CITY-STATE-ZIP	FORT LAUDERDALE, FL
STREET ADDRESS	
CITY-STATE-ZIP	
STREET ADDRESS	
CITY-STATE-ZIP	
STREET ADDRESS	
CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

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 this 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/06
 Date

954 5251008
 Daytime Phone #