

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT# H06899	
1. Entity Name NORTHTAMPALAWCENTEROFGREGORYPAULES, P.A.	

Principal Place of Business %GREGORYPAULES, ESQUIRE 12421N.FLORIDAAVE., B-122 TAMPA, FL 33612-4201	Mailing Address %GREGORYPAULES, ESQUIRE 12421N.FLORIDAAVE., B-122 TAMPA, FL 33612-4201
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DO NOT WRITE IN THIS SPACE



03312006 NoChg-P CR2E034(11/05)

4. FEI Number
59-2422796

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PAULES, GREGORY, ESQUIRE
12421N.FLORIDAAVE., SUITE B-122
TAMPA, FL 33612

**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 _____ (NOTE: Registered Agents' signature required when re-installing) _____ 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS PAULES, GREGORY 12421N.FLORIDAAVE B122 TAMPA, FL
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04/19/06-80067-017 150.00

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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 executor 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: *Gregory Paules* 4-3-06 813 935-1704