

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90156 018 ***150.00

DOCUMENT # H27668

1. Entity Name

RICK KOLODINSKY, P.A.



Principal Place of Business

C/O RICK KOLODINSKY
707 EAST 3RD AVENUE
NEW SMYRNA BEACH FL 32169

Mailing Address

C/O RICK KOLODINSKY
707 EAST 3RD AVENUE
NEW SMYRNA BEACH FL 32169



2. Principal Place of Business

340 N Causeway

Suite, Apt. #, etc.

3. Mailing Address

647 S. Ridgewood Ave.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

New Smyrna Bch., FL

City & State

Daytona Beach, FL

4. FEI Number

59-2499413

Applied For

Not Applicable

Zip

32169

Country

Volusia

Zip

32114

Country

Volusia

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOLODINSKY, RICK
707 EAST 3RD AVENUE
NEW SMYRNA BEACH FL 32169

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPO ☐ Delete
NAME KOLODINSKY, RICK
STREET ADDRESS 707 E 3RD AVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 647 S. Ridgewood Ave.
CITY-ST-ZIP Daytona Beach, FL 32114

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/06

386/153-9190

Date

Daytime Phone #