2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # H35357

1. Entity Name DE RENZO AND KARRAKER, P.A.

Principal Place of Business

Mailing Address

1607 ORANOLE RD. MAITLAND, FL 32751

PO BOX 151176 ALTAMONTE SPRINGS, FL 32715-1176

FILED Jan 13, 2006 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01102006 No Chg-P

4. FEI Number 59-2525924

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

KARRAKER, DONALD E 1607 ORANOLE RD. MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE

| - | The share shared in the share that the share share the share share share shared in the share share shared in the shared share shared in the shared sh | |
|----|--|--------------------------------|
| o. | 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 tamiliar with, and accept |
| | the obligations of registered agent. | • |
| | | |

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

UCOODO3386441

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

01/18/06-80060-005 150.00

| 10. OFFICERS AND DIRECTORS | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTO KARRAKER, DONALD E. 1607 ORANOLE RD. MAITLAND, FL 32751 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | i i i i i i i i i i i i i i i i i i i | |
| THTLE 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 | e e e e e e e e e e e e e e e e e e e | |

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 diverged to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 beganning of the property without address. changed, or on an attac

SIGNATURE: 6