


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H60884</b> 1. Entity Name <b>THOMAS D. TREECE, P.A.</b>	
---	---

Principal Place of Business <b>4210 BAY MEADOWS RD. 4316 KINCARDINE DR. JACKSONVILLE, FL 32217 US</b>	Mailing Address <b>% THOMAS D. TREECE 4316 KINCARDINE DR. JACKSONVILLE, FL 32257</b>
--	---



02282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2539261</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent  <b>TREECE, THOMAS D. 4316 KINCARDINE DR. JACKSONVILLE, FL 32257</b>
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TREECE, THOMAS D. 4316 KINCARDINE DR. JACKSONVILLE, FL
TITLE 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000167153 03/23/06 00041-001 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
--

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:  **3/16/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #