

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # J24557 1. Entity Name TIMKO & CADY, O. D., P. A.	
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Principal Place of Business 330 CANAL ST NEW SMYRNA BCH, FL 32168 US	Mailing Address 330 CANAL ST NEW SMYRNA BCH, FL 32168 US
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01192006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2676911

Applied for	Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ZIMMERMAN, MARK A. 431 E. NEW YORK AVE. DELAND, FL 32721
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**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 _____
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 \$350.00**

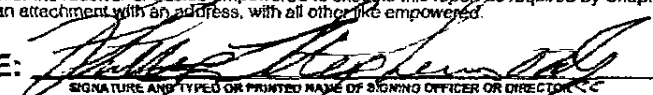
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIMKO, JEFFREY L 608 WESTCHESTER DR DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CADY, MICHAEL T. 10 WINDING CREEK WY ORMOND BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, PHILIP L 4514 VAN KLEECK DR NEW SMYRNA BEACH, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000497121
04/22/06-80041-018 150.00

**DO NOT WRITE
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 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

04/07/2006 423-5190
Date Daytime Phone #