


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90026 026 \*\*\*150.00

<b>DOCUMENT # J61746</b> 1. Entity Name <b>FLORIDA PROFESSIONAL MANAGEMENT, INC.</b>					
Principal Place of Business <b>550 NE 14TH STREET</b> <b>BOCA RATON, FL 33432 US</b>			Mailing Address <b>145 10TH AVE</b> <b>INDIALANTIC, FL 33432 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>550 NE 14TH ST</b> Suite, Apt. #, etc.			
City & State BOCA RATON, FL		4. FEI Number <b>59-2777804</b>			
Zip <b>33432</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>VAN BLOIS, NELLY</b> <b>550 NE 14TH ST</b> <b>BOCA RATON, FL 33432</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>Nelly Van Blois</u> DATE <u>3/17/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN BLOIS, NELLY 550 NE 14TH ST BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C VAN BLOIS, JOHN P 550 NE 14TH ST BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O EWALD, DAYLE K 145 10TH AVE INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition OFFICER JOY LAWALL 21683 WESSEX WAY BOCA RATON FL 33486			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition OFFICER JESSICA ROMANO 2912 HICKMAN DR. RALEIGH, NC 27614			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition OFFICER CAROL CRIEGER 541 GOLDEN HARBOUR DR BOCA RATON FL 33432			
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: <u>Nelly Van Blois</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/17/06</u> Daytime Phone # <u>561-361-1165</u>		