


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # J68431 1. Entity Name PUBLIC FINANCE ASSOCIATES, INC.	
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Principal Place of Business 3949 EVANS AVE #402 FT MYERS, FL 33901 US	Mailing Address P O BOX 60674 FT. MYERS, FL 33906-6674 US
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04152006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2798412	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BENNETT, PHILIP C. 1900 VIRGINIA AV APT 703 FT MYERS, FL 33901
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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 _____ (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 BENNETT, PHILIP C. 1900 VIRGINIA AVE, # 703 FT. MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENNETT, SUSAN 1900 VIRGINIA AVE, # 703 FORT MYERS, FL 33901
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05/02/06-80103-017 158.75

DO NOT WRITE
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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: Philip C Bennett 4/17/06 239-277-3950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #