

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # J87901	
1. Entry Name MARY ANN SCHERER, P.A.	

Principal Place of Business 2734 E. OAKLAND PARK BLVD. SUITE 102 FT. LAUDERDALE, FL 33306	Mailing Address 2734 E. OAKLAND PARK BLVD. SUITE 102 FT. LAUDERDALE, FL 33306
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03282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0104818	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHERER, MARY ANN 2734 E OAKLAND PARK BOULEVARD SUITE 102 FT. LAUDERDALE, FL 33306
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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 reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	D SCHERER, MARY ANN 2734 E OAKLAND PARK BLVD FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST SCHERER, MARY ANN 2734 E OAKLAND PARK BLVD FT. LAUDERDALE, FL
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04/18/06-80032-015 150.00

**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: Mary Ann Scherer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/11/06 954
Daytime Phone # 374 6500