



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90385 003 ***150.00

DOCUMENT # J95392 1. Entity Name FLORIDA TRANSCRIBERS, INC.					
Principal Place of Business 9161 SILVER GLEN WAY LAKE WORTH, FL 33467 US			Mailing Address 9161 SILVER GLEN WAY LAKE WORTH, FL 33467 US		
2. Principal Place of Business 4346 DANIELSON DRIVE Suite, Apt. #, etc.		3. Mailing Address 4346 DANIELSON DRIVE Suite, Apt. #, etc.			
City & State LAKE WORTH FL Zip 33467 Country USA		City & State LAKE WORTH FL Zip 33467 Country USA		4. FEI Number 59-2842481	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CAPRARO, TERESA A 9161 SILVER GLEN WAY LAKE WORTH, FL 33467			7. Name and Address of New Registered Agent Name TERESA A. CAPRARO Street Address (P.O. Box Number is Not Acceptable) 4346 DANIELSON DRIVE City LAKE WORTH FL Zip Code 33467		
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 TERESA A. CAPRARO <i>(Signature)</i> TERESA A. CAPRARO <i>(Typed Name)</i> 4/20/06 <i>(Date)</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PT CAPRARO, TERESA A 9161 SILVER GLEN WAY LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	4346 DANIELSON DRIVE LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP CAPRARO, THOMAS J 9161 SILVER GLEN WAY LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	4346 DANIELSON DRIVE LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S BLANCHARD, LORAIL S 1714 KIMBERLY CT TIFTON, GA 31794	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: TERESA A. CAPRARO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/20/06 561-434-6221 <small>Date (Optional Phone #)</small>		