2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

| | • |
|--|---|
| DOCUMENT # K10329 1. Entity Name MICHAEL A. VALENTICH, P.A. | |
| Principal Place of Business 3277 FRUTVILLE ROAD | |

SUITE F SARASOTA, FL 34237



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Mailing Address
3277 FRUITVILLE ROAD

SUITE F SARASOTA, FL 34237



| 01122006 No Chg-P | | CR2E034 (11/05) | | |
|----------------------------------|-----|-----------------|-----------------------------------|--|
| 4. FEI Number | - | | Applied For | |
| 65-0020 | 987 | | Not Applicable | |
| 5. Certificate of Status Desired | | | \$8.75 Additional Fee Required | |

VALENTICH, MICHAEL A. 3277 FRUITVILLE ROAD, UNIT F SARASOTA, FL 34237

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the prions of registered agent. | surpose of changing its registered | d office or r | egistered agent, or bot | h, in the State of Florida. I am familiar with, and accept | | | |
|--|---|------------------------------------|---------------|-------------------------|---|--|--|--|
| SIGNATURE | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when refusitoring) DATE | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees | | | | \$5.00 May Be | | | | |
| 10. | OFFICERS AND DIREC | CTORS | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VALENTICH, MICHAEL A. 2486 WATERVIEW CT SARASOTA, FL | | à. | | | | | |
| TITLE NAME STREET ADDRESS CITY-57-ZIP | | | - | \$ | 1100000386789 01719706-80013-005 150.00 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | r | | · | IN T | THIS SPACE | | | |
| TITLE NAME STREET ADDRESS CITY-87-ZIP | · | | | ÷ . | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | - | | | |
| 12. I hereby | certify that the information supplied with this f | ing does not qualify for the exe | motions co | ontained in Chapter 11 | 9, Florida Statutes. I further certify that the information | | | |

12. I hereby certify that the information supplied with this filling 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 cath; 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 exprovered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/06

941-365-5111

Dayilma Phone #