



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90007 008 \*\*\*150.00

<b>DOCUMENT # K79872</b> 1. Entity Name <b>IRIS WEIGERT, P.A.</b>					
Principal Place of Business <b>10113 OAK BARK LANE PALM BEACH GARDENS, FL 33410 US</b>			Mailing Address <b>10113 OAK BARK LANE PALM BEACH GARDENS, FL 33410 US</b>		
2. Principal Place of Business <b>1048 Siena Oaks Circle E</b>		3. Mailing Address <b>1048 Siena Oaks Circle E</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		07132006    Chg-P    CR2E034 (11/05)	
City & State <b>Palm Beach Gardens</b>		City & State <b>Palm Beach Gardens FL</b>		4. FEI Number <b>65-0116526</b>	
Zip    Country <b>33410    US</b>		Zip    Country <b>33410    US</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WEIGERT, IRIS 10113 OAK BARK LANE PALM BCH GARDENS, FL 33410</b>				7. Name and Address of New Registered Agent Name <b>Weigert IRIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1048 Siena Oaks Circle E</b> City <b>Palm Beach Gardens</b> <b>FL</b> Zip Code <b>33410</b>	
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><i>[Signature]</i></u> DATE: <b>7/13/06</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WEIGERT, IRIS 10113 OAK BARK LANE PALM BCH GARDENS, FL 33410	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WEIGERT, IRIS 1048 Siena Oaks Circle E Palm Beach Gardens FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:

*[Signature]*

**7/13/06 5616227043**