

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90392 045 \*\*\*158.75

**DOCUMENT # L22421**

1. Entity Name  
**POWELL, FRAGALA & ASSOCIATES, INC.**



Principal Place of Business

**5150 S. FLORIDA AVENUE  
BLDG. C 301  
LAKELAND, FL 33813 US**

Mailing Address

**P O BOX 6467  
BLDG C- STE 301  
LAKELAND, FL 33807 US**

**60023630**



01162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2974155**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FRAGALA, AUGUSTINE M. JR.  
5150 S FLORIDA AVE  
BLDG. C301  
LAKELAND, FL 33813**

**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: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(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  
**DVP  
FRAGALA, AUGUSTINE M.  
6223 PINE LANE  
LAKELAND, FL 33813**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DPST  
FRAGALA, I. LOUISE  
6223 PINE LANE  
LAKELAND, FL 33813**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**A. M. FRAGALA, JR. V.P.**

**3/28/06**

ATTACHMENT

60023630

**Powell, Fragala & Associates, Inc.**  
consulting planners

March 28, 2006

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

re: Annual Report; Corporation L22421  
PFA 0603-000

Gentlemen:

Enclosed is PFA's check number 14856. This is the payment for the current certificate of our corporate status.

Thank you for your attention to the enclosed material. If you have any questions, please call me.

Sincerely,  
POWELL, FRAGALA & ASSOCIATES, INC.

  
Augustine M. Fragala, Jr., AICP  
Vice President

/dh

Enclosure

G:\PFA\SHARED\PFA Admin\General Correspondence\Correspondence  
\FL Div of Corp \_Annl Rpts\Div of Corps annual rep ltr.3-28-06.doc

