


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L37252**  
 1. Entity Name  
 REPKA & JENNINGS, P.A.



Principal Place of Business      Mailing Address  
 703 COURT STREET      703 COURT STREET  
 CLEARWATER, FL 33756-5507 US      CLEARWATER, FL 33756-5507 US

**DO NOT WRITE IN THIS SPACE**



01052006    No Chg-P    CR2E034 (11/05)  
 4. FEI Number      Applied For  
 59-2981756      Not Applied  
 5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 JENNINGS, THOMAS C III  
 703 COURT ST  
 CLEARWATER, FL 33756-5507

**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 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

000000494415  
 04/20/06-80045-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JENNINGS, THOMAS C. III 703 COURT ST. CLEARWATER, FL 337565507
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas Jennings      4406      727441455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Corporate Phone #