

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90002 026 ***150.00

DOCUMENT # L49587 1. Entity Name JANE S. DUNN, P.A.			
Principal Place of Business 7131 BLUE JUNIPER COURT NAPLES, FL 34109 US		Mailing Address 7131 BLUE JUNIPER COURT NAPLES, FL 34109 US	
2. Principal Place of Business 1753 Tarpon Bay Drive S. Suite, Apt. #, etc.		3. Mailing Address 1753 Tarpon Bay Drive S. Suite, Apt. #, etc.	
City & State Naples FL Zip 34119		City & State Naples FL Zip 34119	
4. FEI Number 59-2985308		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNN, JANE S. 7131 BLUE JUNIPER COURT 102 NAPLES, FL 34109		7. Name and Address of New Registered Agent Name Jane S. Dunn Street Address (P.O. Box Number is Not Acceptable) 1753 Tarpon Bay Drive S. City Naples FL Zip Code 34119	
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 _____ <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 Due by September 6, 2006		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 D NAME DUNN, JANE S. STREET ADDRESS 9246 SWEET GRASS WAY CITY-ST-ZIP NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE 1753 Tarpon Bay Drive S. NAME Naples FL 34119 STREET ADDRESS 34119 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 8/14/06 Daytime Phone # 239 596 3531	