## 2006 FOR PROFIT CORPORATION

## Mar 08, 2006 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # M22783 02-20-2006 90049 038 \*\*\*150.00 1. Entity Name ARTHUR J. STOREY, P.A. Principal Place of Business Mailing Address D6004106 1140 ROYAL PALM BLVD.,#B VERO BCH FL 32960 1140 ROYAL PALM BLVD.,#B VERO BCH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2599707 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STOREY, ARTHUR J Street Address (P.O. Box Number is Not Acceptable) 1385 ADMIRAL'S WALK VERO BEACH FL 32963 City Zip Code Fì 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, lypeo or privide nume of registered agent and little if applicable. (NOTE: Registered Agent signature required when registative) DATE After May:1, 2006 Fee Will Be \$550.00 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 nrle TITLE ☐ Defete ☐ Channe ■ Addition STOREY, ARTHUR J. NAME NAME STREET ADDRESS 1140 ROYAL PALM BLVD.,#B STREET ADDRESS VERO BCH FL CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP TITLE Detete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ DeJete TITLE □ Addition ☐ Chappe NAME NAME STREET ADDRESS STREET ADDRESS City-St-70 CITY-ST-ZIP Delete TITLE TILLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- ZIP DILE Delete TITLE ☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 offect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this 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.

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ADDRESS CITY-ST-ZIP

Arthur J. Storey 3 Mar 06 7725620310