

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # M61065

1. Entity Name
**ASSOCIATES AND BRUCE L. SCHEINER PERSONAL
INJURY LAWYERS, P.A.**



Principal Place of Business
**4020 EVANS AVE.
FORT MYERS, FL 33901**

Mailing Address
**P.O. BOX 61412
FORT MYERS, FL 33906-1412 US**



02282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0016752

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FREEMAN, PAUL H., ESQ.
1840 W 49TH ST
STE 410
HIALEAH, FL 33012**

**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	PDS
NAME	SCHEINER, BRUCE L
STREET ADDRESS	4020 EVANS AVE.
CITY-ST-ZIP	FT. MYERS, FL 33901
TITLE	AS
NAME	FREEMAN, PAUL H.
STREET ADDRESS	1840 W 49TH ST STE 410
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	VP
NAME	SPIVEY, RANDALL L
STREET ADDRESS	15151 INTRACOSTAL CT
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
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

BRUCE L. SCHEINER, PRES.

Date

3/7/06

Daytime Phone #

239-939-2900