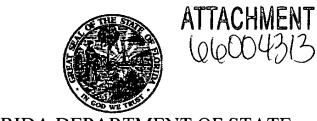
2006 FOR PROFIT CORPORATION ANNUAL REPORT

02-23-2006 90014 004 ***150.00 **DOCUMENT # M66504** 1. Entity Name ROBERT D. SIWICKI, P.A. Mailing Address Principal Place of Business 66004313 C/O ROBERT D. STWICKI C/O ROBERT D. SIWICKI 914-A MAR WALT DRIVE 914-A MAR WALT DRIVE FT. WALTON BEACH, FL 32547-6779 FT. WALTON BEACH, FL 32547-6779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For... 65-0033782 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 56. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIWICKI, ROBERT D. Street Address (P.O. Box Number is Not Acceptable) 914-A MAR WALT DRIVE FT. WALTON BEACH, FL 32547 City Zio Code 9. 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fee OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D C EO Precident TITLE ☐ Delete TITLE ☐ Change ■ Addition SIWICKI, ROBERT D. NAME NAME STREET ADDRESS 914-A MAR WALT DR. STREET ADDRESS. FORT WALTON BEACH, FL. 32547 CITY-ST-ZIP CITY-ST-ZIP Ricciardi, Cosimo A 914-A Mar Walt Dr TITLE Change A Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS C17-51-2P CITY-ST-ZIP Fort Walton Beach, FL: 32547 rim i TELLE Detete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MILE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZUP CTTY-ST-ZIP TITLE ☐ Deleta TITLE ☐ Addition NUME NAME STREET ADDRESS STREET ADDRESS CITY ST-21P C17-51-21P TITLE Defete TITLE ☐ Change Addition NUME NAME STREET ADDRESS STREET ADDRESS CITY-51-21P CITY-SI-ZIP 12. Thereby certify that the information supplied with this filting 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 cath; 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, Ronida 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: TURE AND TYPED OR PRINTED HAME OF BIGHING OFFICER OR DIRECTOR

FILED Mar 09, 2006 8:00 am

Secretary of State



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2006

ROBERT D. SIWICKI, P.A. C/O ROBERT D. SIWICKI 914-A MAR WALT DRIVE FT. WALTON BEACH. FL 32547-6779

Subject: ROBERT D. SIWICKI, P.A.

Reference Number:

M66504

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment. \mathcal{D}_{h}

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH ANNUAL REPORTS SECTION