

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

2 **FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90014 004 \*\*\*150.00

<b>DOCUMENT # M66504</b> 1. Entity Name <b>ROBERT D. SIWICKI, P.A.</b>					
Principal Place of Business <b>C/O ROBERT D. SIWICKI 914-A MAR WALT DRIVE FT. WALTON BEACH, FL 32547-6779</b>			Mailing Address <b>C/O ROBERT D. SIWICKI 914-A MAR WALT DRIVE FT. WALTON BEACH, FL 32547-6779</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		02202006    Chg-P    CR2E034 (11/05)	
City & State		City & State		4. FEI Number <b>65-0033782</b>	
Zip    Country		Zip    Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SIWICKI, ROBERT D. 914-A MAR WALT DRIVE FT. WALTON BEACH, FL 32547</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 renouncing)    DATE _____					
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D C EO President</b> <input type="checkbox"/> Delete <b>SIWICKI, ROBERT D. 914-A MAR WALT DR. FORT WALTON BEACH, FL 32547</b>		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	<b>SECRETARY</b> <b>Ricciardi, Cosimo A</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>914-A Mar Walt Dr Fort Walton Beach, FL 32547</b>	
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	
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: <b>2/21/06</b> <b>ASD 862-4119</b> <small>Date    Daytime Phone #</small>		

66004313





ATTACHMENT  
66004313

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 **has not been filed** 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. Done

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