## **2006 FOR PROFIT CORPORATION ANNUAL REPORT** DOCUMENT # M80666 1. Entity Name RUBINSTEIN & HOLZ, P.A. Mailing Address Principal Place of Business 1375 JACKSON ST. P. O. BOX 368 SUITE 304 FT. MYERS, FL 33902 FT. MYERS, FL 33901-2837 US DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

## **FILED** Jan 12, 2006 8:00 am Secretary of State

01-12-2006 90166 028 \*\*\*150.00



01052006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0048170

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

| DO | NOT  | WRITE        |
|----|------|--------------|
| IN | THIS | <b>SPACE</b> |

| 1375 JACKSON ST. SUITE 304 FT. MYERS, FL 33901   |  |  | IN THIS SPACE     |                                |  |  |
|--|--|--|-------------------|--------------------------------|--|--|
|  | named entity submits this statement for the plans of registered agent. | surpose of changing its registere                    | d office or re    | egistered agent, or bo         | oth, in the State of Florida. I am familiar with, and accept |  |
| SIGNATURE.   | Signature, typed or printed name of registered agent and title if      | if applicable. (NOTE: Registered                     | l Agent signature | required when reinstating)     | DATE   |  |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2006 Fee will be \$550.00            | Election Campaign Finan-<br>Trust Fund Contribution. | cing              | \$5.00 May Be<br>Added to Fees |  |  |
| 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME TITLE NAME NAME NAME  | D RUBINSTEIN, ALAN J. 1779 WHITECAP CIRCLE N FT MYERS, FL              | DTORS  |                   | DO NOT WRITE<br>IN THIS SPACE  |  |  |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | and if that the information and lived with this (i)                    |  |                   | tringel in Change 11           | O. Florido Statutos, I huthor gotific that the information   |  |
| 12. Thereby certify that the information supplied with this filling 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:

RUBINSTEIN, ALAN J.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR