


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N28156	
1. Entity Name FLORIDA PROFESSIONAL PRESENTER'S CONSORTIUM, INC.	

Principal Place of Business VAN WEZEL PAH 777 N. TAMiami TRAIL SARASOTA, FL 34236 US	Mailing Address VAN WEZEL PAH 777 N. TAMiami TRAIL SARASOTA, FL 34236 US
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01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILKES, JOHN VAN WEZEL PAH 777 N. TAMiami TRAIL SARASOTA, FL 34236
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**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 reappointing) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALSH, TONY 283 COLLEGE DRIVE ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSSI, BOB 1111 MCMULLEN BOOTH RD CLEARWATER, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JANICKI, STEVE 3865 N WICKHAM RD MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILKES, JOHN D 777 N. TAMiami TRAIL SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/06/06-80016-U10 61.25

**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 617, 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

1/25/06 941-955-7676

Date

Daytime Phone #