

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90028 036 ***150.00

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04032006 Chg-P CR2E034 (11/05)

DOCUMENT # P00000005091	
1. Entity Name THE RYDBERG LAW FIRM, P.A.	



Principal Place of Business 400 N. TAMPA STREET SUITE 1050 TAMPA, FL 33602	Mailing Address 400 N. TAMPA STREET SUITE 1050 TAMPA, FL 33602
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2. Principal Place of Business 201 N. Franklin Street Suite, Apt. #, etc. Suite 1025 City & State Tampa, Florida Zip 33602 Country USA	3. Mailing Address 201 N. Franklin Street Suite, Apt. #, etc. Suite 1025 City & State Tampa, Florida Zip 33602 Country USA
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6. Name and Address of Current Registered Agent RYDBERG, THOMAS H 400 N. TAMPA STREET SUITE 1050 TAMPA, FL 33602	
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7. Name and Address of New Registered Agent Name Thomas H. Rudberg Street Address (P.O. Box Number is Not Acceptable) 201 N. Franklin Street Suite 1025 City Tampa FL Zip Code 33602	
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 <i>Thomas H. Rudberg</i> DATE April 4, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYDBERG, THOMAS H 2606 PROSPECT ROAD TAMPA, FL 33629 <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	D RYDBERG, MARSHA G 2606 PROSPECT ROAD TAMPA, FL 33629 <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
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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: <i>Thomas H. Rudberg</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: April 4, 2006 (813) 221-2800 <small>Date Daytime Phone #</small>