

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000024098			
1. Entity Name MIRA STAGGERS WHITE, ATTORNEY AT LAW, P.A.			
Principal Place of Business 20020 VETERANS SUITE 1 PORT CHARLOTTE FL 33954		Mailing Address PO BOX 381175 MURDOCK FL 33938	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
6. Name and Address of Current Registered Agent WHITE, MIRA STAGGERS 4210 LIBRARY STREET PORT CHARLOTTE FL 33948		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 removing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD WHITE, MIRA STAGGERS 4210 LIBRARY STREET PORT CHARLOTTE FL 33948 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	U00000431024 02/23/06-80011-003 150.00 ☐ Change ☐ Addition
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1st MOORE CR2E034 (10/05)

4. FCI Number **65-1084701** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____

2/8/06 (910) 627366