


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P00000030286 1. Entity Name THOMAS R. EINEMAN, P.A.	
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Principal Place of Business 5327 COMMERCIAL WAY, SUITE C112 SPRING HILL, FL 34606	Mailing Address 5327 COMMERCIAL WAY, SUITE C112 SPRING HILL, FL 34606 US
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DO NOT WRITE IN THIS SPACE



01112006	No Chg-P	CR2E034 (11/05)
4. FEI Number 59-3696074	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

EINEMAN, THOMAS R
5327 COMMERCIAL WAY, SUITE C112
SPRING HILL, FL 34606

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000385489
01/10/06 00010 000 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD EINEMAN, THOMAS R 5327 COMMERCIAL WAY C-112 SPRINGHILL, FL 34606
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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 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: Thomas R. Eineman Thomas R. Eineman 1/11/06 (352) 597-1516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #