


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000034020 1. Entity Name ALAYNE SCHAGANE, P.A.	
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Principal Place of Business 5493 CARROLLWOOD MEADOWS DR. TAMPA, FL 33625	Mailing Address 5493 CARROLLWOOD MEADOWS DR. TAMPA, FL 33625
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08042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3639203	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHAGANE, ALAYNE 5493 CARROLLWOOD MEADOWS DR. TAMPA, FL 33625
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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 Alayne Schagane
Signature typed or printed name of registered agent and title if applicable

8-4-06
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHAGANE, ALAYNE 5493 CARROLLWOOD MEADOWS DR. TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHAGANE, PAUL C 5493 CARROLLWOOD MEADOWS DR. TAMPA, FL 33625
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08/07/06-80006-003 150.00

**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 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: Alayne Schagane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-4-06 813-264-4424
Date Daytime Phone #