


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90180 001 \*\*\*150.00

<b>DOCUMENT # P00000037717</b>						
<b>1. Entity Name</b> CAROLINE J. TESCHE, P.A.						
<b>Principal Place of Business</b> 238 E DAVIS BLVD #212 TAMPA, FL 33606			<b>Mailing Address</b> 238 E DAVIS BLVD #212 TAMPA, FL 33606			
<b>2. Principal Place of Business</b> 238 E. DAVIS BLVD. Suite, Apt. #, etc. # 310 City & State TAMPA, FL Zip 33606 Country USA		<b>3. Mailing Address</b> 238 E. DAVIS BLVD. Suite, Apt. #, etc. # 310 City & State TAMPA, FL Zip 33606 Country USA				
<b>4. FEI Number</b> 59-3642614				Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> TESCHE, CAROLINE J ESQ. 238 E DAVIS BLVD SUITE #212 SUITE 310 TAMPA, FL 33606			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
<b>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.</b>						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TESCHE, CAROLINE J ESQ. 238 E DAVIS BLVD #212 TAMPA, FL 33606		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	238 E. DAVIS BLVD. # 310 <input checked="" 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	
<b>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.</b>						
<b>SIGNATURE:</b> _____			4/26/06		(813) 258-5656	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #	