

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000044661

FILED
Apr 30, 2006
Secretary of State

Entity Name: BEVERLY HOFFMAN, P.A.

Current Principal Place of Business:

140 VIKING WAY
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

140 VIKING WAY
NAPLES, FL 34110

New Mailing Address:

FEI Number: 59-3643042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, BEVERLY
140 VIKING WAY
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOFFMAN, BEVERLY
Address: 140 VIKING WAY
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: HOFFMAN, BEVERLY
Address: 5140 COBBLE CREEK COURT #103
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HOFFMAN, BEVERLY
Address: 140 VIKING WAY
City-St-Zip: NAPLES, FL 34110

Title: PRES (X) Change () Addition
Name: HOFFMAN, BEVERLY
Address: 5140 COBBLE CREEK COURT #103
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY HOFFMAN-GALLO

PRES

04/30/2006

Electronic Signature of Signing Officer or Director

Date