

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2006 8:00 am
Secretary of State

06-20-2006 90013 040 ***550.00

DOCUMENT # P00000067643 1. Entity Name ROSE W. KANNER, P.A.																					
Principal Place of Business C/O WILLIAM WIENER, P.A., C.P.A. 8286 WESTERN WAY CIRCLE SUITE C-2 JACKSONVILLE, FL 32256		Mailing Address C/O WILLIAM WIENER, P.A., C.P.A. 8286 WESTERN WAY CIRCLE SUITE C-2 JACKSONVILLE, FL 32256																			
2. Principal Place of Business 1301 Riverplace Blvd Suite, Apt. #, etc. Suite 2400 City & State Jacksonville FL Zip 32207		3. Mailing Address 1301 Riverplace Blvd Suite, Apt. #, etc. Suite 2400 City & State Jacksonville FL Zip 32207																			
4. FEI Number 65-1038229		Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent WIENER, WILLIAM C.P.A. 8286 WESTERN WAY CIRCLE SUITE C-2 JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent Name Richard Brock CPA Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Blvd. Suite 2400 City Jacksonville FL Zip Code 32207																			
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 <u><i>Rose Wiener Kanner</i></u> DATE <u><i>June 11, 2006</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>PSD KANNER, ROSE W PSD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>2822 RIDGEFIELD COURT JACKSONVILLE, FL 32257</td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	PSD KANNER, ROSE W PSD		CITY - ST - ZIP	2822 RIDGEFIELD COURT JACKSONVILLE, FL 32257		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY - ST - ZIP		
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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: <u><i>Rose Wiener Kanner</i></u> Date <u><i>June 11, 2006</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																					

ROSE Wiener Kanner

Day Phone: 904-260-5026

Cell phone 904-260-403-6422