

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90436 024 ***150.00

DOCUMENT # P00000096566

1. Entity Name
CAROLYN LONDON, P.A.



Principal Place of Business
101 NORTH "J" STREET
SUITE 1
LAKE WORTH, FL 33460

Mailing Address
101 NORTH "J" STREET
SUITE 1
LAKE WORTH, FL 33460

40060853



2. Principal Place of Business
4600 South Dixie Highway
Suite, Apt. #, etc.
Suite 2
City & State
West Palm Beach, FL
Zip
33405

3. Mailing Address
4600 South Dixie Highway
Suite, Apt. #, etc.
Suite 2
City & State
West Palm Beach, FL
Zip
33405

04182006 Chg-P CR2E034 (11/05)

4. FEI Number
65-1046537

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LONDON, CAROLYN
7561 NEMEC DRIVE NORTH
LAKE CLARKE SHORES, FL 33406

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONDON, CAROLYN 7561 NEMEC DRIVE NORTH LAKE CLARK SHORES, FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Carolyn London 4/20/2006 (561) 805-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #