

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000099269

1. Entity Name
PARTAIN THERAPY, INC.



Principal Place of Business
**37640 SKY RIDGE CIRCLE
DADE CITY, FL 33525**

Mailing Address
**37640 SKY RIDGE CIRCLE
DADE CITY, FL 33525**



03112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1056192

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MURPHY, DAVID J ESQ.
14217 THIRD ST.
DADE CITY, FL 33523**

**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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PARTAIN, DARYN 37640 SKYRIDGE CIRCLE DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PARTAIN, KELLY 37640 SKYRIDGE CIRCLE DADE CITY, FL 33525
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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

Kelly E. Partain

6/27/06

83-7A-2429