


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90095 026 ***150.00

DOCUMENT # P00000113889	
1. Entity Name JAMES E. GASE, CPA, P.A.	

Principal Place of Business 280 WEST CANTON AVENUE SUITE 330 WINTER PARK, FL 32789	Mailing Address 280 WEST CANTON AVENUE SUITE 330 WINTER PARK, FL 32789
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2. Principal Place of Business 280 WEST CANTON AVE Suite, Apt. #, etc. SUITE 110	3. Mailing Address 280 WEST CANTON AVE Suite, Apt. #, etc. SUITE 110
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City & State WINTER PARK FL	City & State WINTER PARK FL
Zip 32789	Country ORANGE

40031801



03132006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent GASE, JAMES E 280 WEST CANTON AVE STE 330 WINTER PARK, FL 32789	
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7. Name and Address of New Registered Agent
Name **GASE, JAMES E**
Street Address (P.O. Box Number is Not Acceptable) **280 WEST CANTON AVE SUITE 110**
City **WINTER PARK** FL Zip Code **32789**

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GASE, JAMES E 280 WEST CANTON AVENUE SUITE 330 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GASE, JAMES E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 280 WEST CANTON AVE SUITE 110 WINTER PARK FL 32789
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
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

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: James E. Gase **JAMES E. Gase** **3-13-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #