

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM  
Secretary of State

DOCUMENT # P01000001427

1. Entity Name

SELINGER, FLETCHER AND TAYLOR, P.A.



Principal Place of Business

BLACKSTONE BUILDING  
233 E. BAY STREET, SUITE 1020  
JACKSONVILLE, FL 32202

Mailing Address

BLACKSTONE BUILDING  
233 E. BAY STREET, SUITE 1020  
JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE



04192006

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3690965

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SELINGER, RICHARD A  
BLACKSTONE BUILDING  
233 E. BAY STREET, SUITE 1020  
JACKSONVILLE, FL 32202

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)

000000529945

05/05/06-80096-012 150.00

**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 PD  
NAME SELINGER, RICHARD A  
STREET ADDRESS BLACKSTONE BLDG., 233 E BAY ST., STE. 1020  
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE VSTD  
NAME FLETCHER, CHARLES W  
STREET ADDRESS BLACKSTONE BLDG. 233 E. BAY ST. STE 1020  
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE D  
NAME TAYLOR, DAVID A  
STREET ADDRESS BLACKSTONE BLDG 233 E BAY ST, SUITE 1020  
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

4.19.06 (904) 598-0901