


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000032960	
1. Entity Name ELLEN S. MAHER, P.A.	

Principal Place of Business 1100 FIFTH AVE SOUTH STE 301 NAPLES, FL 34102	Mailing Address 1100 FIFTH AVE SOUTH STE 301 NAPLES, FL 34102
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05242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1850982	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MAHER, ELLEN S ESQ. 1100 FIFTH AVE SOUTH SUITE 301 NAPLES, FL 34102
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**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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAHER, ELLEN S 1100 FIFTH AVE. S. SUITE 301 NAPLES, FL 34102
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05/26/06-80002-003 150.00

**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 an other like empowered.

SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **5/24/06** Date Daytime Phone #