
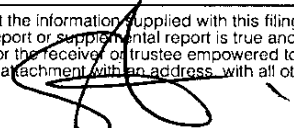


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90198 004 \*\*\*150.00

DOCUMENT# P01000037791			
1. Entity Name <b>STEVEN KEPECZ, P.A.</b>			
Principal Place of Business <b>591 BAY ISLES PARKWAY LONGBOAT KEY, FL 34228</b>		Mailing Address <b>3341 BAYOU SOUND LONGBOAT KEY, FL 34228</b>	
2. Principal Place of Business <b>591 Bay Isles Parkway</b> Suite, Apt. #, etc.		3. Mailing Address <b>591 Bay Isles Parkway</b> Suite, Apt. #, etc.	
City & State <b>Longboat Key, FL</b> Zip <b>34228</b> Country		City & State <b>Longboat Key, FL</b> Zip <b>34228</b> Country	
4. FEI Number <b>59-3713485</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KEPECZ, STEVEN 3341 BAYOU SOUND LONGBOAT KEY, FL 34228</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P <b>KEPECZ, STEVEN 3341 BAYOU SOUND LONGBOAT KEY, FL 34228</b> <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: 		Date <b>4/24/06</b> Daytime Phone #	