

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90046 036 ***150.00

DOCUMENT # P01000043598					
1. Entity Name JANE ARAGUEL, P.A.					
Principal Place of Business 34894 EMERALD COAST PKWY. DESTIN, FL 32541 US			Mailing Address P.O. BOX 335 DESTIN, FL 32540		
2. Principal Place of Business 36008 Emerald Coast Pkwy		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Destin FL		City & State		4. FEI Number 59-3725856	
Zip 32541		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONERLY, LAMAR JR. 4481 LEGENDARY DRIVE, #200 DESTIN, FL 32541			7. Name and Address of New Registered Agent Name: Pleat Perry Street Address (P.O. Box Number is Not Acceptable): 4477 Legendary Dr. Suite 202 City: Destin FL Zip Code: 32541		
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: <i>Jane Araguel</i> (NOTE: Registered Agent signature required when restoring) 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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME ARAGUEL, JANE PRESIDE		TITLE	NAME	
STREET ADDRESS PO BOX 335	CITY - ST - ZIP DESTIN, FL 32540		STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
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: <i>Jane Araguel</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					