



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90043 046 \*\*\*150.00

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # P01000052566</b><br>1. Entity Name<br><b>FRANCES "NINA" DEARING, P.A.</b>  |   |   |  |    |  |
| Principal Place of Business<br><b>835 SOUTH OSPREY AVENUE, UNIT 413<br/>SARASOTA, FL 34236</b>   |   |   |  | Mailing Address<br><b>835 SOUTH OSPREY AVENUE, UNIT 413<br/>SARASOTA, FL 34236</b>  |  |
| 2. Principal Place of Business<br><b>8933 Whitemarsh Ave</b>   |   | 3. Mailing Address<br><b>8933 Whitemarsh Ave</b>  |  |   |  |
| Suite, Apt. #, etc.<br>  |   | Suite, Apt. #, etc.<br>   |  | 05092006 Chg-P CR2E034 (11/05)  |  |
| City & State<br><b>Sarasota, FL</b>  |   | City & State<br><b>Sarasota, FL</b>   |  | 4. FEI Number<br><b>65-1119500</b>  |  |
| Zip<br><b>34238</b>  |   | Country<br><b>USA</b>   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SHEA, JOHN J JR.<br/>2940 SOUTH TAMiami TRAIL<br/>SARASOTA, FL 34239</b>   |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 6, 2006</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>DEARING, FRANCES "NINA"<br/>835 SOUTH OSPREY AVENUE, UNIT 413<br/>SARASOTA, FL 34236</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <b>D<br/>Dearing, Frances "Nina"<br/>8933 Whitemarsh Ave<br/>Sarasota, FL 34238</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |   |  |   |  |
| <b>SIGNATURE:</b> <i>Frances "Nina" Dearing</i>  |   |   | <b>5-08-06 941-918-2211</b>                                  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   | <small>Date Daytime Phone #</small>                          |   |  |

**SUPLEE & SHEA, P.A.**  
CERTIFIED PUBLIC ACCOUNTANTS

**ATTACHMENT**

40093705

T. Raymond Suplee, CPA  
Norman J. Shea, III, CPA  
Thomas R. Cramer, CPA  
Joseph E. Rocklein, III, CPA

May 18, 2006

Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

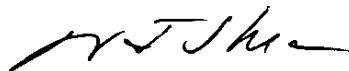
Re: Frances "Nina" Dearing, PA  
Document #P01000052566

To Whom It May Concern:

Our client, referenced above, recently moved from the principal place of business that is on file with your agency. The annual report notice was mailed to the old business address and therefore did not reach our client prior to the May 1<sup>st</sup> filing deadline. We have enclosed a copy of the forward order, which is on the original annual report notice postcard. We respectfully request that you accept this as reason for filing late. We have attached the 2006 Annual Report with a check in the amount of \$150.

If you have any questions regarding this issue, you may contact me at (941)366-3600.

Sincerely,



Norman J. Shea, III, CPA  
Suplee & Shea, P.A.

Enclosures

cc: Frances "Nina" Dearing, PA

NJS/ebd