

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90042 018 ***150.00

DOCUMENT # P01000077628
 1. Entity Name
MAGGIE HAYNES, P.A.



Principal Place of Business
**251 N OCEAN FOREST DR
 ATLANTIC BEACH, FL 32233**

Mailing Address
**251 N OCEAN FOREST DR
 ATLANTIC BEACH, FL 32233**

40014109



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02102006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number
59-3741342

Applied For
 Not Applicable

City & State

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HAYNES, MARGARET H
 251 N OCEAN FOREST DR
 ATLANTIC BEACH, FL 32233**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY - ST - ZIP	P HAYNES, MARGARET H 251 N OCEAN FOREST DR ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Haynes, Margaret E. 251 N Ocean Forest Dr. Atlantic Beach, FL 32233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Margaret E. Haynes **2/10/06** **904-571-2626**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

SWINDELL, BOHN, DURDEN & PHILLIPS
CERTIFIED PUBLIC ACCOUNTANTS
3560 SOUTH THIRD STREET
JACKSONVILLE BEACH, FLORIDA 32250

JAMES R. SWINDELL, C. P. A., P. A.
CINDY B. BOHN, C. P. A., P. A.
DONALD H. DURDEN, C. P. A. (1941-1999)
STEPHEN L. PHILLIPS, C. P. A., P. A.

40014109
PO1000077628

TELEPHONE (904) 241-8176
FAX (904) 247-9918
WEBSITE WWW.SBDPCPA.COM

MAILING ADDRESS:
POST OFFICE BOX 51351
JACKSONVILLE BEACH, FLORIDA 32240-1351

2/10/2006

VIA CERTIFIED MAIL
RETURN RECEIPT 7005 0390 0003 9632 6498

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Subject: Maggie E. Haynes, P.A. EIN# 59-3741342

Dear Customer Service Representative:

On behalf of our client, **Maggie E. Haynes, P.A.**, enclosed please find the following:

Corporate Annual Report w/Check# 1658 for \$150.00

Thanks in advance for your assistance and please advise if additional information is needed.

Sincerely,

Thomas E. Bazley, mdm

Thomas E. Bazley, C.P.A.

TEB:mdm

Enclosures