## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 25, 2006 8:00 am Secretary of State 04-25-2006 90112 023 \*\*\*150.00

DOCUMENT # P01000079237  1. Entity Name ROSEMARY NAUGHTON MILLER, P.A.				04-23-2008 90112 023 ** 130.00
Principal Place of Business  193 ST GEORGE COURT  JACKSONVILLE BEACH, FL 32250  Mailing Address  193 ST GEORGE COURT  JACKSONVILLE BEACH, FL 32250		32250	₫θυσ⊷	
2. Principal Place of Business  5/2 First Street  Suite, Apt. #, etc.  3. Mailing Address  5/2 First  Suite, Apt. #, etc.			S+ree†	02022006 Chg-P CR2E034 (11/05)
City & State Nept Zip	une Beach FL	City & State Neptune. Be	Country E	4. FEI Number Applied For 59-3738155 Not Applicable
_ 3 22		3 2266	DUYA C	5. Certificate of Status Desired S8.75 Additional Fee Required  7. Name and Address of New Registered Agent
Name				And the group and the August at a August a
JACKSONVILLE BEACH, FL 32250				
8. The above harded entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept				
SIGNATURE Signature, typed or printed name of refusitored superfaint title if Molicable. (NOTE. Registered Agent signature required when reinstating)  DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
10.	OFFICERS AND DIRE		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS	DPST MILLER, ROSEMARY N 193 ST GEORGE COURT	☐ Delete	NAME STREET ADDRESS .	5/2 First Street _
CITY ST ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP	5/2 First Street Neptune Beach, FL 32266
NAME STREET ADDRESS CITY ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST ZIP	☐ Change ☐ Addition
ITTLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY ST ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST ZIP	☐ Change ☐ 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 an ownered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if				