

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

02-15-2006 90042 001 ***150.00

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1. Entity Name
THE LAW OFFICES OF ATHANASON & TAYLOR, P.A.



Principal Place of Business
12600 SOUTH BELCHER ROAD
SUITE 101-F
LARGO, FL 33773-1631 US

Mailing Address
12600 SOUTH BELCHER ROAD
SUITE 101-F
LARGO, FL 33773-1631 US

DO NOT WRITE IN THIS SPACE



02102006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3748866

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, TRACI B
12600 SOUTH BELCHER ROAD
SUITE 101-F
LARGO, FL 33773-1631

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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 DIRECTORS

TITLE DPT
NAME ATHANASON, MILLICENT B
STREET ADDRESS 12600 SOUTH BELCHER ROAD, 101F
CITY-ST-ZIP LARGO, FL 337731631

TITLE DVS
NAME TAYLOR, TRACI B
STREET ADDRESS 12600 SOUTH BELCHER ROAD, 101F
CITY-ST-ZIP LARGO, FL 33773

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/06
Date

Daytime Phone #