

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90174 034 ***150.00

DOCUMENT # P01000105934

1. Entity Name
RHONDA KAY COLE, LMT, P.A.



Principal Place of Business

**237 4TH ST., S.
APT. #W
NAPLES, FL 34102**

Mailing Address

**237 4TH ST., S.
APT. #W
NAPLES, FL 34102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3754074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PETTY, RHONDA KAY
237 4TH ST., S.
NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name **Rhonda Kay Cole**

Street Address (P.O. Box Number is Not Acceptable)

237 4th St. S. Apt # W

City **Naples, FL**

Zip Code **34102**

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: *Rhonda Kay Cole*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 25, 2006

**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 **PS** ☐ Delete
NAME **PETTY, RHONDA KAY**
STREET ADDRESS **237 4TH STREET S., APT. #W**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ Change ☐ Addition
NAME **Cole, Rhonda Kay**
STREET ADDRESS **237 4th Street S. Apt # W**
CITY-ST-ZIP **Naples, FL 34102**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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:

Rhonda Kay Cole **Rhonda Kay Cole** *April 25, 2006* **239.261.2899**