


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

03-30-2006 90017 024 ***150.00

DOCUMENT # P01000114435			
1. Entity Name PAMELA ROWE SCHOENER CPA, ACCOUNTING PA			
Principal Place of Business 426 MARY ESTHER FORT WALTON BEACH, FL 32548		Mailing Address 426 MARY ESTHER FORT WALTON BEACH, FL 32548	
2. Principal Place of Business 210 Hospital Drive Suite, Apt. #, etc.		3. Mailing Address 210 Hospital Drive Suite, Apt. #, etc.	
City & State Ft Walton Beach FL		City & State Ft Walton Beach FL 32548	
Zip 32548		Country	
4. FEI Number 30-0006061		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03272006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent SCHOENER, PAMELA R 1934 COSTA VERDE CT. NAVARRE, FL 32566		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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SCHOENER, PAMELA R 1934 COSTA VERDE COURT NAVARRE, FL 32566 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 _____		Date 5/09/06 581-5452	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

6601001



ATTACHMENT
6/10/01/6048
#P01000114435

PAMELA ROWE SCHOENER CPA PA
210 HOSPITAL DRIVE
FT WALTON BEACH FL 32548

850-581-5452

May 3, 2006

Please accept this signed annual report with change of address without the assessed penalty. I mailed this in on time to renew, however did not receive this letter back from your department until today. The letter was sent to the old address and I only received it today, please note that the letter to me was dated March 31, 2006 which is before the deadline.

Thank you

Pam Schoener
850-200-2846

