


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90288 001 ***500.00
06-05-2006 90288 002 ***100.00

DOCUMENT # P02000004794	
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1. Entity Name
MINNIE D. JUNE, P.A.

Principal Place of Business
4701 NW 98 TH WAY
CORAL SPRINGS, FL 33076

Mailing Address
4701 NW 98 TH WAY
CORAL SPRINGS, FL 33076

66017921



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	c/o Mark I. Ingber, C.P.A., P.A.
City & State	10100 West Sample Road #326 Coral Springs, FL
Zip	33065-3973
Country	US

04212006 Chg-P CR2E034 (11/05)

4. FEI Number
01-0574886

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JUNE, MINNIE D 4701 NW 98TH WAY CORAL SPRINGS, FL 33076	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 _____
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
Trust Fund Contribution. ☐ \$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	PST JUNE, MINNIE D 4701 NW 98 TH WAY CORAL SPRINGS, FL 33076 <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 an other like empowered.

SIGNATURE: Minnie D. June Minnie D. June, President 4/16/06 954-510-8109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #