

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000005489					
1. Entity Name VANESSA NYE, P.A.					
Principal Place of Business 1718 E. SEVENTH AVE., STE. 201D TAMPA FL 33605			Mailing Address 1718 E. SEVENTH AVE., STE. 201D TAMPA FL 33605		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 03-0380887	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NYE, VANESSA 1718 E. SEVENTH AVE., STE. 201D TAMPA FL 33605			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 acknowledge the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Add
NAME	NYE, VANESSA		NAME		
STREET ADDRESS	1718 E. SEVENTH AVE., STE. 201D		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33605		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/05)

4. FEI Number **03-0380887** Applied For ☐ Not Applied ☐

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

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 acknowledge the obligations of registered agent.

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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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05/05/06-80015-022-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *VANESSA NYE* 4-17-06 813-241-1199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #