

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 13, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000022647

1. Entity Name
LINDA D. GUYETTE, P.A.



Principal Place of Business
**1631 ST. PAULS DR.
CLEARWATER, FL 33764**

Mailing Address
**1631 ST. PAULS DR.
CLEARWATER, FL 33764**



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number
02-0553944

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GUYETTE, LINDA D
1631 ST. PAULS DR
CLEARWATER, FL 33764**

**DO NOT WRITE
IN THIS SPACE**

6. 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GUYETTE, LINDA D
1631 ST. PAULS DRIVE
CLEARWATER, FL 33764**

TITLE
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0010011464583
03/22/06-00001-004 150.00

**DO NOT WRITE
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Linda D. Guyette P.A.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/06 727-804-6933
Date Daytime Phone #