

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000052723

1. Entity Name
DAVID D. EGE, P.A.



Principal Place of Business

**410 N HALIFAX AVE
A
DAYTONA BEACH, FL 32118**

Mailing Address

**410 N HALIFAX AVE
A
DAYTONA BEACH, FL 32118**



03312006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3672317

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EGE, DAVID D
410 N HALIFAX AVE
SUITE A
DAYTONA BEACH, FL 32118**

**DO NOT WRITE
IN THIS SPACE**

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

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

DAVID D. EGE

(NOTE: Registered Agent signature required when constituting)

DATE

Mar. 31, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EGE, DAVID D
410 N HALIFAX AVE, STE A
DAYTONA BCH, FL 32118**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U000000517931
05/01/06-80066-018 150.00

**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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David D. Ege
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID D. EGE

Mar. 31, 2006 (886)248-2159

Date

Daytime Phone if