

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90408 004 \*\*\*150.00

DOCUMENT # P02000066020

1. Entity Name  
MARK J. VELTRE, P.A.



Principal Place of Business  
2560 ENTERPRISE RD EAST  
CLEARWATER, FL 33759

Mailing Address  
2560 ENTERPRISE RD EAST  
CLEARWATER, FL 33759

50008461



2. Principal Place of Business  
423 Mandalay Ave  
Suite, Apt. #, etc.  
Ste 150  
City & State  
Clearwater Beach, FL  
Zip  
33767  
Country

3. Mailing Address  
423 Mandalay Ave  
Suite, Apt. #, etc.  
Ste 150  
City & State  
Clearwater Beach, FL  
Zip  
33767  
Country

03152006 Chg-P CR2E034 (11/05)

4. FEI Number  
04-3691273  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
VELTRE, MARK J PRES  
2560 ENTERPRISE RD EAST  
CLEARWATER, FL 33759  
423 Mandalay Ave, Ste 150  
Clearwater Beach, FL  
33767

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 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	PSTD	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELTRE, MARK J		NAME	Veltre, Mark J.	
STREET ADDRESS	2560 ENTERPRISE RD EAST		STREET ADDRESS	423 Mandalay Ave, Ste 150	
CITY - ST - ZIP	CLEARWATER, FL 33759		CITY - ST - ZIP	Clearwater Beach FL 33767	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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: Mark J. Veltre  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #